ON-SITE COUNSELOR'S WELLNESS CENTER: THE DEVELOPMENT/ENHANCEMENT OF SELF-CARE TECHNIQUES TO AVOID BURNOUT

By

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ABSTRACT

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Previous research has examined stress, burnout in clinical counselors and other helping professions. However, there is little research regarding stress and burnout with persons that have a one-on-one client contact on a daily basis. Additionally, some clinical counselors may have fewer skills and education that may not be required in some substance abuse and alcohol therapeutic communities. This research examined clinical counselors that work in therapeutic communities and other professionals. It focused on such factors as age, gender and the degree level on stress, burnout rates, as well as the need for self-care support. I conducted one-half day trainings a total of twelve participants from therapeutic communities. I also conducted one-day training with an empowerment group that I teach that consists of six women from different backgrounds.

Both groups completed a stress, burnout and self-care assessments, as well as a wellness survey. I attribute the small sample size and timeframe sampling to these results. Further research should examine the stress and burnout rates of clinical counselors to determine other factors that attribute to these rates. The study did show each participant suffered some levels of stress and some are on the border line of burnout. Nevertheless, age and gender were not the determining factors. A lack of space within J-CAP did not afford me the opportunity to create the wellness center. However, **Appendices 177-185** is a quick reference manual for planning an on-site Wellness Center.

I dedicate my dissertation work to the love of my life – God! The Lord who impregnated the words into my spirit, and ordering my steps, "Do your best to present yourself to God as one approved, a worker who does not need to be ashamed and who correctly handles the word of truth" (2 Timothy 2:15 NIV).

TO GOD BE THE GLORY!

To the unique angel, my baby boy, Jamarl T. Pinckney, who watches me from above!

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To Dr. Eleanor Moody-Shepherd, my mentor, who knows me in my authenticity and prayed for me through it all.

Table of Contents

CHAPTER 1	1
INTRODUCTION TO THE SETTING	1
CHAPTER 2	9
PRELIMINARY ANALYSIS	9
DEFINING TERMINOLOGIES OF STRESS, BURNOUT & SELF-CARE	29
STRESS	29
BURNOUT	
SELF-CARE	37
CHAPTER 3	39
IDENTIFYING A SOLUTION FOR RESOLVING THE PROB	LEM (BACKGROUND OF TRAINING
WORKSHOPS)	39
CHAPTER 4	52
RESEARCH QUESTION 1	52
CHAPTER 5	60
RESEARCH QUESTION 2	60
CHAPTER 6	66
RESEARCH QUESTION 3	66
CHAPTER 7	73
MINISTERIAL COMPETENCIES	73
CHAPTER 8	77
TRAINING METHODS	

CHAP	ΓER 9	95
	TRAINING ASSESSMENTS ANALYSIS	95
	Training Results: Stress Assessment	95
	Training Results: Burnout Quotient Self-Assessment	100
	Training Evaluation Assessment Results for Stress & Burnout Training	102
	Training Results: Self-Care Self-Assessment	106
	Training Results: Employee Wellness Interest Survey	116
	Training Evaluation Assessment: Self-Care of the Mind, Body & Spirit	128
	Interviews with Clinical Counselors	130
	Wellness Center Vision	145
Chapte	r10	148
	Conclusion	148
	APPENDICES	156
	APPENDIX 1 Proposal	157
	APPENDIX 2 TRAINING FLYER	224
	APPENDIX 3 AGENDA OVERVIEW	225
	APPENDIX 4 NYT S INFORMED CONSENT FORM	226
	APPENDIX 5 NYTS INFORMED CONSENT FORM CONT.	227
	APPENDIX 6 BIODOT CARD	228
	APPENDIX 7 SRRS SELF-ASSESSMENT FOR STRESS	229
	APPENDIX 8 SRRS SELF-ASSESSMENT FOR STRESS CONT.	230
	APPENDIX 9 SCORES INTERPRETATION FOR SRRS STRESS SELF-ASSESSMENT	231
	APPENDIX 10 COVER FOR THE STRESS MANAGEMENT JOURNAL 28 DAYS TO STRESS MASTE	RY 232
	APPENDIX 11 INTRODUCTION OF STRESS MANAGEMENT JOURNAL PAGE 1	233
	APPENDIX 12 INTRODUCTION OF STRESS MANAGEMENT JOURNAL PAGE 2	234
	APPENDIX 13 JOURNAL DAY 1	235
	APPENDIX 14 JOURNAL DAY 2	236

APPENDIX 15 JOURNAL DAY 3	237
APPENDIX 16 JOURNAL DAY 4	238
APPENDIX 17 JOURNAL DAY 5	239
APPENDIX 18 JOURNAL DAY 6	240
APPENDIX 19 JOURNAL DAY 7	241
Appendix 20 Journal Day 8	242
Appendix 21 Journal Day 9	243
Appendix 22 Journal Day 10	244
APPENDIX 23 JOURNAL DAY 11	245
APPENDIX 24 JOURNAL DAY 12	246
APPENDIX 25 JOURNAL DAY 13	247
Appendix 26 Journal Day 14	248
APPENDIX 27 JOURNAL DAY 15	249
APPENDIX 28 JOURNAL DAY 16	250
APPENDIX 29 JOURNAL DAY 17	251
Appendix 30 Journal Day 18	252
APPENDIX 31 JOURNAL DAY 19	253
APPENDIX 32 JOURNAL DAY 20	254
APPENDIX 33 JOURNAL DAY 21	255
APPENDIX 34 JOURNAL DAY 22	256
APPENDIX 35 JOURNAL DAY 23	257
APPENDIX 36 JOURNAL DAY 24	258
APPENDIX 37 JOURNAL DAY 25	259
APPENDIX 38 JOURNAL DAY 26	260
APPENDIX 39 JOURNAL DAY 27	261
APPENDIX 40 JOURNAL DAY 28	262
APPENDIX 41 JOURNAL ADDITIONAL SPACE	263
APPENDIX 42 BACK COVER ABOUT THE AUTHOR: JAMES E. PORTER, M.A.L.S.	264

APPENDIX 43 DEFINITION OF VICARIOUS TRAUMATIZATION	265
APPENDIX 44 SIGNS AND SYMPTOMS OF VICARIOUS TRAUMATIZATION	266
APPENDIX 45 SEXUAL ADDICTION CYCLE AND ITS IMPACT ON STRESS	267
APPENDIX 46 ARE YOU A SEX ADDICT? SELF-TEST	268
APPENDIX 47 ARE YOU A SEX ADDICT? SELF- TEST CONT.	269
APPENDIX 48 ARE YOU A SEX ADDICT? SELF-TEST CONT.	270
APPENDIX 49 EUSTRESS-VS-STRESS	271
APPENDIX 50 TAKE YOUR STRESS INVENTORY	272
APPENDIX 51 EARLY WARNING SIGNS OF TOO MUCH STRESS	273
APPENDIX 52 FIGHT OR FLIGHT AT WORK	274
APPENDIX 53 IDENTIFYING SOURCES OF JOB STRESS.	275
APPENDIX 54 TYPE A PERSONALITY: ARE YOU SUFFERING FROM HURRY SICKNESS?	276
APPENDIX 55 WHEN IT COMES TO STRESS: THE GOAL IS CONTROL.	277
APPENDIX 56 STRESS INOCULATION	278
APPENDIX 57 GETTING HELP WITH STRESS: BUILDING A SUPPORT NETWORK.	279
APPENDIX 58 EMPOWERING YOURSELF TO COMBAT STRESS	280
APPENDIX 59 STRESS HARDINESS & THE 3 C'S	281
APPENDIX 60 TRAINING RESULTS FOR SRRS BASED ON LIFE EVENTS	282
APPENDIX 61 SSRS ANALYSIS BASED ON GENDER AND AGE	283
APPENDIX 62 PERSONAL BURNOUT QUOTIENT (PBQ) SELF-ASSESSMENT	284
APPENDIX 63 INTERPRETATION OF SCORES FOR PBQ SELF-ASSESSMENT	285
APPENDIX 64 STRESS VS. BURNOUT	286
APPENDIX 65 MULDARY'S (1984 GRAPHIC IMPRESSION OF BURNOUT)	287
APPENDIX 66 TREATMENT FOR ADDICTION	288
APPENDIX 67 4 WARNING SIGNS OF BURNOUT	289
APPENDIX 68 ARE YOU AT RISK FOR BURNOUT?	290
APPENDIX 69 MANAGING STRESS THROUGH EMPOWERMENT	291
APPENDIX 70 WOMEN AND STRESS AT WORK PART 1	292

APPENDIX 71 W	VOMEN AND STRESS AT WORK PART 2	293
Appendix 72 T	THE FIVE STAGES OF BURNOUT PAGE 1	294
Appendix 73 Tl	HE FIVE STAGES OF BURNOUT PAGE 2	295
Appendix 74 C	COPING WITH A DIFFICULT BOSS PAGE 1	296
APPENDIX 75 Co	OPING WITH A DIFFICULT BOSS CONT.	297
Appendix 76 T	ESTING YOUR TEMPER. HOW SHORT IS YOUR FUSE?	298
Appendix 77 D	DETERMINING YOUR GOALS	299
Appendix 78 D	DETERMINING YOUR VALUES	300
APPENDIX 79 Jo	OB STRESS & BURNOUT PREVENTION	301
Appendix 80 T	'AKING CARE OF #1 BY FOCUSING ON QUADRANT 2	302
Appendix 81 D	DEFINING YOURSELF AND YOUR ROLE AT WORK	303
APPENDIX 82 W	VHAT TO DO IF YOU ARE SUFFERING FROM BURNOUT.	304
APPENDIX 83 P	PBQ ASSESSMENT RESPONSE RATE	305
APPENDIX 84 P	BQ ASSESSMENT COMBINED RESPONSES BASED ON GENDER & AGE	306
APPENDIX 85 In	NDIVIDUAL PBQ ASSESSMENT RATINGS BASED ON GENDER & AGE	307
APPENDIX 86 E	EVALUATION FORM	308
Appendix 87 In	NSTRUCTION SHEET FOR SELF-CARE ASSESSMENT	309
APPENDIX 88 S	ELF-CARE ASSESSMENT TOOL FOR SELF-CARE	310
APPENDIX 89 S	ELF-CARE ASSESSMENT TOOL FOR SELF-CARE CONT	311
APPENDIX 90 S	ELF-CARE ASSESSMENT TOOL FOR SELF-CARE CONT.	312
Appendix 91 B	BASIC SELF- CARE PAMPHLET PAGE 1	313
APPENDIX 92 B	BASIC SELF-CARE PAMPHLET PAGE 2	314
Appendix 93 Ci	REATING BALANCE FOR SELF-CARE	315
Appendix 94 E	ENCOURAGEMENT FOR THE MIND, BODY & SPIRIT	316
APPENDIX 95 T	THREE EASY EXERCISE YOU CAN DO AT YOUR DESK	317
APPENDIX 96 S	TRESS MANAGEMENT	318
APPENDIX 97 20	O THINGS I HAVE TO BE GRATEFUL FOR	319
APPENDIX 98 A	A QUOTE BY JUDY GARLAND	320

APPENDIX 99 PICTURE OF FAITH STONES	321
APPENDIX 100 RENEE McCrae	322
APPENDIX 101 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER	323
APPENDIX 102 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER CONT	324
APPENDIX 103 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER CONT	325
APPENDIX 104 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER CONT	326
APPENDIX 105 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER CONT	327
APPENDIX 106 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER CONT	328
APPENDIX 107 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER CONT	329
APPENDIX 108 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER CONT	330
APPENDIX 109 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER CONT	331
APPENDIX 110 LET'S EAT FOR THE HEALTH OF IT: POWERPOINT BY RUTH SYPHER CONT	332
APPENDIX 111 WELCOME TO THE 5-A-DAY FRUITS & VEGETABLES CHALLENGE	333
APPENDIX 112 CHARTING YOUR PATH – CALANDAR	334
APPENDIX 113 EASY WAYS TO GET YOUR 5 A DAY	335
APPENDIX 114 SERVING SIZES FOR OTHER FOOD GROUPS	336
APPENDIX 115 WHAT COUNTS AS A 5 A DAY FRUIT OR VEGETABLE?	337
APPENDIX 116 FRUITS & VEGETABLES ENCYCLOPEDIA	338
APPENDIX 117 FRUITS AND VEGETABLES ENCYCLOPEDIA	339
APPENDIX 118 FRUITS AND VEGETABLES ENCYCLOPEDIA	340
APPENDIX 119 FRUITS AND VEGETABLES ENCYCLOPEDIA	341
APPENDIX 120 FRUITS AND VEGETABLES ENCYCLOPEDIA	342
APPENDIX 121 FRUITS AND VEGETABLES ENCYCLOPEDIA	343
APPENDIX 122 FRUITS AND VEGETABLES ENCYCLOPEDIA	344
APPENDIX 123 FRUIT & VEGETABLE NUTRITION FACTS CHART	345
APPENDIX 124 FRUIT & VEGETABLE NUTRITION FACTS CHART CONT	345
APPENDIX 125 FRUIT & VEGETABLE NUTRITION FACT SHEET CONT	347
APPENDIX 126 FRUIT & VEGETABLE NUTRITION FACT SHEET CONT	348

APPENDIX 127	FRUIT & VEGETABLE FACT SHEET CONT.	349
APPENDIX 128	FRUIT & VEGETABLE FACT SHEET CONT.	350
APPENDIX 129	FRUIT & VEGETABLE FACT SHEET CONT.	351
APPENDIX 130	EMPRESS ROYAL TEAS	352
APPENDIX 131	EMPRESS ROYAL TEAS CONT.	353
APPENDIX 132	Ms. Missy for Mia Bella's Products Front & Back Cover	354
APPENDIX 133	Ms. Missy for Mia Bella's Products Cont	355
APPENDIX 134	Ms. Missy for Mia Bella's Products Cont	356
APPENDIX 135	Ms. Missy for Mia Bella's Products Cont	357
APPENDIX 136	Ms. Missy for Mia Bella's Products Cont	358
APPENDIX 137	Ms. Missy for Mia Bella's Products Cont	359
APPENDIX 138	Ms. Missy for Mia Bella's Products Cont	360
APPENDIX 139	Ms. Missy for Mia Bella's Products Cont	361
APPENDIX 140	Ms. Missy for Mia Bella's Products Page Cont.	362
APPENDIX 141	Ms. Missy for Mia Bella's Products Cont	363
APPENDIX 142	OILS OF THE BIBLE	364
APPENDIX 143	OILS OF THE BIBLE CONT.	365
APPENDIX 144	OILS OF THE BIBLE CONT.	366
APPENDIX 145	OILS OF THE BIBLE CONT.	367
APPENDIX 146	OILS OF THE BIBLE CONT.	368
APPENDIX 147	OILS OF THE BIBLE CONT.	369
APPENDIX 148	OILS OF THE BIBLE CONT.	370
APPENDIX 149	OILS OF THE BIBLE CONT.	371
APPENDIX 150	OILS OF THE BIBLE CONT.	372
APPENDIX 151	PHYSICAL SELF-CARE ANALYSIS	373
APPENDIX 152	PSYCHOLOGICAL SELF-CARE ANALYSIS	374
APPENDIX 153	EMOTIONAL SELF-CARE ANALYSIS	375
Appendix 154	SDIRITHAL SELE-CARE ANALYSIS	376

APPENDIX 155 WORKPLACE/PROFESSIONAL CARE ANALYSIS	. 377
APPENDIX 156 BALANCING SELF-CARE ANALYSIS	378
APPENDIX 157 WELLNESS SURVEY-CURRENT HEALTH HABITS ANALYSIS	379
APPENDIX 158 TRAINEES RESPONSE TO WELLNESS PROGRAM ANALYSIS	. 380
APPENDIX 159 ABSENT DUE TO ILLNESS, INJURIES, DOCTOR VISIT OR HOSPITALIZED	. 381
WITHIN THE PAST 6 MONTHS	. 381
APPENDIX 160 EMPLOYEE WELLNESS CENTER SURVEY	382
APPENDIX 161 EMPLOYEE WELLNESS CENTER SURVEY CONT.	. 383
APPENDIX 162 INTERVIEW QUESTIONS	384
Appendix 163 Retreat Flyer	. 385
APPENDIX 164 BRAHMA KUMARIS PAMPHLET	386
APPENDIX 165 BRAHMA KUMARIS PAMPHLET CONT.	387
APPENDIX 166 PAMPHLET MEDITATION CENTER AND GALLERY AT 5TH AVENUE	. 388
APPENDIX 167 PAMPHLET MEDITATION CENTER AND GALLERY AT 5TH AVENUE	. 389
APPENDIX 168 PEACE VILLAGE RETREATS 2013 CALENDAR	390
APPENDIX 169 PEACE VILLAGE RETREATS 2013 CALENDAR	. 391
APPENDIX 170 PEACE VILLAGE RETREATS 2013 CALENDAR CONT.	392
APPENDIX 170 PEACE VILLAGE RETREATS 2013 CALENDAR CONT	393
APPENDIX 171 PEACE VILLAGE RETREATS 2013 CALENDAR CONT.	394
APPENDIX 172 PEACE VILLAGE RETREATS 2013 CALENDAR CONT	395
APPENDIX 173 PEACE VILLAGE RETREATS 2013 CALENDAR AND FACILITATORS	396
APPENDIX 174 PEACE VILLAGE RETREATS 2013 CALENDAR FACILITATORS CONT	397
APPENDIX 175 2013 RETREATS FACILITATORS AND ADDITIONAL INFORMATION	. 398
APPENDIX 176 CONTRIBUTIONS AT PEACE VILLAGE.	. 399
APPENDIX 177 A QUICK GUIDE TO CREATING AN ON-SITE WELLNESS CENTER IN A THERAPE	EUTIC
COMMUNITY	. 400
APPENDIX 178 DEFINING WELLNESS & DO YOUR RESEARCH	. 401
APPENDIX 179 PITCHING YOUR IDEA & IDENTIFY A COMMITTEE	. 402

BIBLI	OGRAPHY		410
	APPENDIX 186	TRAINING COST FOR DEMONSTRATION PROJECT	
	APPENDIX 185	SUCCESS TOWARDS STRIVING FOR THE TARGET & SELF-CARE	
	APPENDIX 184	Incentives & Evaluation	
	APPENDIX 183	EXPECTATION OF A WELLNESS CENTER & CHOOSING ACTIVITIES	
	APPENDIX 182	HEALTHY WORK ENVIRONMENTS & HOW EMPLOYEES BENEFIT	
	APPENDIX 181	CREATING A NEEDS SURVEY & WHO BENEFITS	
	APPENDIX 180	NEEDS ASSESSMENT & PLANNING A BUDGET	

Table of Figures

Figure 1: National Health Expenditures, 2010	. 61
Figure 2: Program for Self-Care of the Mind, Body and Spirit	. 84

List of Tables

Table 1: J-CAP's Organizational Chart	6
Table 2: Stress & Burnout Training Evaluation Assessment Based on Content	103
Table 3: Stress & Burnout Training Evaluation Assessment Based on Instructor's Presentati	on
	105
Table 4: Analysis of Physical Self-Care	107
Table 5: Spiritual Self-Care Table	112
Table 6: Wellness Survey Question: If you could receive written information for 3 health top	pics
listed, which would you select?	117
Table 7: Wellness Survey Question: If you could receive written information for 3 health top	pics
listed, which would you select?	118
Table 8: Wellness Survey Question: If you could receive written information for 3 health top	pics
listed, which would you select?	118
Table 9: Wellness Survey Question: If you could receive written information for 3 health top	pics
listed, which would you select?	119
Table 10: 41-60+ Men (N=3) Percentage Ratings	120
Table 11: 51-60 Women (N-3) Percentage Ratings	121
Table 12: 41-50 Women (N=8) Percentage Ratings	122
Table 13: 21-30 Women (N=4) Percentage Ratings	123
Table 14: Wellness Survey Question: Which of the following categories would you place	
yourself?	124
Table 15: Wellness Survey Question: Which of the following categories would you place	
yourself?	125

Table 16: Wellness Survey Question: Which of the following categories would you place	
yourself?	126
Table 17: Wellness Survey Question: Which of the following categories would you place	
yourself?	127
Table 18; Self-Care Training Evaluation Form Based on Content	128
Table 19: Self-Care Training Evaluation Form Based on Presentation	129

CHAPTER 1

INTRODUCTION TO THE SETTING

I am an Associate Minister at New Jerusalem Baptist Church (NJBC). In March, 2011, the Evangelism Ministry asked me to be the Worship Leader for their annual Evangelism Day that was scheduled for April, 2011. When I asked what their theme was, they stated, "Going Beyond the Wall." I asked, "What was necessary to go Beyond the Wall?" I received no response. I decided not to participate as a Worship Leader if the program was in name only and did not have a real purpose. I thought the evangelism ministry ought to follow the scriptures that Jesus gave his disciples known as "The Great Commission." "Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit" (Mt.28:19 NIV). I made the suggestion to one of the participant's that the Evangelism Ministry go out into the community and extend an invitation to various organizations to attend the event. For example, there are several homeless shelters, domestic violence shelters and drug treatment programs within the community.

On April 16, 2011, the NJBC Evangelism Ministry had a Healing Service Program. The evangelism team went beyond the walls of the church and invited J-CAP participants to come and worship with NJBC. Over 50 participants came and 6 individuals came to Christ. J-CAP is a long-term Residential Therapeutic Community (TC) that assists persons who are seeking help beyond their various substance abuses in

order to bring wholeness. Two weeks later, twenty-five participants came, and approximately 10 joined NJBC. Clearly there was a need for service within the community. This is the same need that Jesus ministered to as noted in (Mt. 9:12-13 NIV). "On hearing this, Jesus said, "It is not the healthy who need a doctor, but the sick. But go and learn what this means: 'I desire mercy, not sacrifice.' For I have not come to call the righteous, but sinners." God placed this ministry on my heart as a result of this outreach.

During this time, the Mustard Seed Foundation had visited my Church and was seeking to give out grants for ministries within an urban environment. My Pastor asked that I write and submit a proposal for this new component within the Evangelism Ministry. The following is part of the proposal that I had created. The Evangelism Outreach Ministry wants to incorporate the five-fold ministry as envisioned by the Pastor, Fellowship, Discipleship, Worship, Evangelism and Ministry. We proposed to provide the spiritual component to this population. The spiritual component will consist of magnifying God's presence through worship. We intend to create a choir and praise dancers in order to encourage the participants to focus on the intimacy of God through worship.

Communication with the group will be done through the taught Word of God in having Bible Study. We recognized that women and men have different spiritual needs. For that reason, we planned to develop fellowship through a Women's Group and Men's Groups where we could implement various life application workshops. NJBC Women's Ministry will be doing a clothing drive so that we can implement a clothing boutique at J-CAP. Some members of the Evangelism Ministry will be updating J-CAP's library by

donating spiritual books and other sundry items, i.e., Music, games, movies, arts and craft items. Using these tools could assist the participants in their spiritually growth and increase their knowledge. As Christians, we are called to demonstrate God's love through service. When J-CAP van drivers are unavailable to transport the participants to Sunday service, volunteers from the Evangelism Ministry will use their vehicles.

Part of J-CAP mission statement is to empower clients using the Word of God to teach and encourage. We will not only be leading by example, but training leaders within this populous to continue the work of discipleship. This project was scheduled to begin June 1, 2011 thru August 13, 2011. The Evangelism Ministry would do this project every three months. J-CAP participants that complete the discipleship classes and baptize will become Discipleship Leaders. They will be charged with spreading the Word of God to their peers at J-CAP, as well as other therapeutic communities. The target population will begin with the group of (16) that had joined NJBC and others who may want to participate. NJBC is providing the space for teaching the participants and will have an evaluation process consisting of a questionnaire. The ultimate goal is for God to be magnified by sending forth participants to be baptized as well as those who recommitted themselves to God through their Christian experiences. A graduation ceremony was planned for the third week of August where the participants will be part of the worship services, as worship leaders. The J-CAP Choir will sing, and certificates will be presented to the graduates, followed by a fellowship dinner.

The Pastor specifically stated that I should teach the Bible Study for the group.

Many of people from the Evangelism Ministry are senior citizens and did not want to volunteer because the Bible Study would be in the evening. As a result, we could not get

a volunteer to teach the women's group. Consequently, I ended up teaching the women's group. I had come to learn that many people within the congregation did not want this population in the church. Therefore, they did not want to support the ministry. I suggested to the leader of the Evangelism Ministry it is imperative that we do not recruit people who are not sensitive to the needs of the participants.

We began interviewing people to teach the Men's Group and the leader identified one candidate that I thought was not a suitable match for this population. During the interview, he adamantly stated "These people are sinners!" I thought it presumptuous to call people that he did not know sinners. I asked him, "How did he know they were sinners and are we not all sinners saved by grace?" Nevertheless, she selected him because he claimed to be a Chaplin in New York City's Transit Authority (T.A.). However, I knew that he worked for T.A. but volunteered in the Chaplin's office during his lunch hour. I knew this information because my sister works for T.A. as a supervisor and she knew the Chaplin. Furthermore, I had previously met the T.A. Chaplain as he came to pay his respect at my sister's funeral.

During the first week of the session, 25 J-CAP participants attended the Bible Study consisting of 8 women and 17 men. The following week, many of the men dropped out of the program. However, enrollment in the women's group increased during the 3 month period. I made some inquiries with the men as to why they stopped participating. They indicated they did not like the instructor as he was too condescending. Many of the participants had stated they had been baptized and had lost their way. The Evangelism leader noticed that the women's group continued to grow while the men's group declined. As a result, she decided to change the structure of the

program. She changed the Bible Study to Discipleship classes. This did not make sense because many of the participants had not joined the church. Furthermore, some of the participants had home churches of their own and wanted to learn more about God. I did not participate in the ministry, to increase the membership at NJBC. God did not call me to make disciples for a particular church. The scripture states, "Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit" (Mt. 28:19 NIV). The participants can decide where to make their permanent house of worship. I began to notice that the ministry was going in a different direction and that people had their own agenda. I began to pray to God for direction.

One of J-CAP's Program Director's also attended the sessions. She was instrumental in creating this joint ministry. She also did not like the male teacher's style of teaching and voiced her opinion. However, the evangelism leader was adamant and changed the structure. It was during this time that the J-CAP Director asked me to submit my resume to the CEO of J-CAP. I stated, to the Director, I already have a full-time job with New York City's Human Resources Administration, and I will pray for guidance. The Evangelism Ministry leader became more antagonistic I knew it was time for me to leave. I submitted my resume to the director. During my interview with the CEO, I learned that the Evangelism Leader had submitted the proposal that I had written as her own. I advised the CEO that I had written the proposal. However, I advised her that the basic concepts, in practice, had been altered. Therefore, I would not be teaching after the commencement ceremony.

The CEO hired me in August, 2011 as a part-time Clinical Counselor within the Therapeutic Community (TC) of the Main Treatment division. According to George De

Leon a TC is "...a powerful treatment approach for substance abuse and related problems in living. The TC is fundamentally a self-help approach, evolved primarily outside of mainstream psychiatry, psychology, and medicine." J-CAP is the shortened version of its official corporate name Queens Village Committee for Mental Health for J-CAP, Inc. The acronyms stand for Just Caring About People.

J-CAP's drug program organizational structure (**Table 1**) is composed of three phases: Orientation, Main Treatment and Re-Entry. The following organizational chart depicts, in part, the organization's structure:

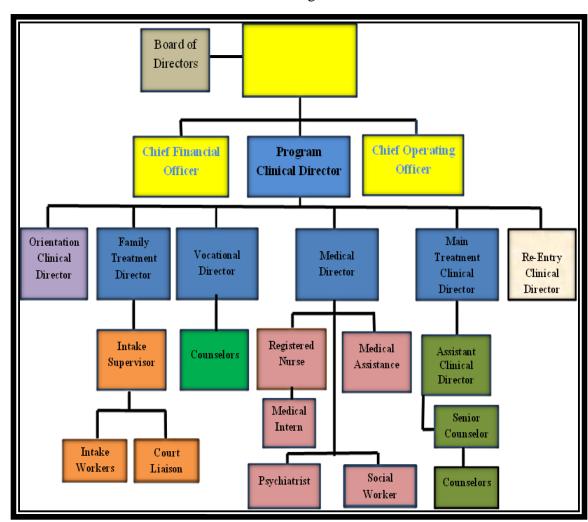


Table 1: J-CAP's Organizational Chart

¹George De Leon, The Therapeutic Community: Theory, Model, and Met(New York, NY: Springer Publishing Company, Inc., 2000), 3.

They receive some of their funding through New York State (NYS), Office of Alcoholism and Substance Abuse Services (OASAS). As a result, the emphasis is placed on spirituality rather than religion. NYS, OASAS regulates TC's within NYS. A part of their requirements to be a Clinical Counselor is to have a Counselor Substance Abuse Training Certification (C-SAT) or equivalent educational experiences. Based on the above criteria the majority of the counselors did not possess the qualifications.

The Main Treatment facility, when at full capacity, can house 160 participants, consisting of 120 men and 40 women. During my 8 months, employment at the Main Treatment Facility, 5 out of 12 counselors and the Senior Counselor were terminated. They were dismissed from the agency due to various unethical violations of policies/procedures as a result of self-abuse. John Patton declares,

Psychologically, the abuse of self or other is most likely related to some significant failure in caring by the abuser's earliest caretakers. Abusers of self or others attempt to deal with the shame of having not received what they sought in their early relationships with those who cared for then by abusing other relationships or turning their shame inward in the form of rage toward themselves for their inadequacy and weakness. Abusers may try to hide their shame in substance abuse or deny it by violating the boundaries of other in a futile attempt to get something that will make them feel satisfied, or let others repeatedly violate their boundaries. An abused person also experiences shame, a misplaced shame

that sometimes protects the abuser. Shame also proceeds from being too weak to prevent the abuse. 2

The turnover rate at the Main Treatment Facility is high, and the lack of self-care by the staff contributes to their overall stress and burnout. Roy M. Oswald writes, "Self-care means facing into the pain and confusion in one's life. It means taking on one's pathologies one at a time." Providers must be in a place of wholeness in order to provide counsel to those who are suffering through life's challenges. In order to provide care to the least of those who suffer as a result of life's challenges, the provider must be in a place of wholeness for themselves.

² John Patton, Pastoral Care an Essential Guide (Nashville, TN: Abingdon Press, 2005), 82.

³Roy M. Oswald, Clergy Self-Care: Finding A Balance for Effective Ministry (Herndon, VA: Alban Institute Publication, 1995), ix.

CHAPTER 2

PRELIMINARY ANALYSIS

When I was hired by the CEO, it was agreed that I would have a small caseload and lead the male and female groups on various topics. When I came to program, the Clinical Program Director, Deputy Director and the Senior Counselor would only allow me to administer urine tests and medication. The Deputy Director and the Senior Counselor were to provide my training, but this never came to fruition. Instead, they tried to thwart my efforts with the clients. Behind my back, some of the counselors referred to me as "the part-timer." One of the counselor's, who had switched shifts, introduced herself to me and said "Oh, you are the part-timer." The clients were receptive to the curriculum, which included a spiritual component. I, however, was ostracized by some counselors because of my spiritual background as a minister. I inquired as to why and was told that I had more credentials then most of the counselors as well as the Clinical Program Director. They further stated that I had no previous background as a drug addict, alcoholic or have been on probation for the sale of drugs. I just laughed and continued to do the assignment that God had placed on my heart. I would sit in the hallway when I was not doing the above tasks and one by one, the clients would come to speak with me. When I reorganized the medicine cabinets by alphabetizing each participant's medication in clear plastic baggies, the clientele was

pleased because they felt as if someone cared enough not to have them waiting on long lines all night for their medication. The organization's confidential policy is one client can be serviced in the room when medication is distributed. It was during this period that I began to learn the client's names and personal histories.

None of the other counselors wanted to give out the medication. The clients stated, "Some counselors think dispensing "meds." is beneath them." I did not feel this way because I was there for the clients. Before long, the counselors began to realize I had the better of the two worlds; Counseling without having to complete paperwork. Eventually, the Senior Counselor removed me from dispensing medication. Afterward, I continued to sit in the receptionist area, in the corridors wherever there was available seating because I was not assigned any office space. However, the clients continued to seek me out.

It is difficult to do ministry within a negative environment, so I had resolved myself to resign. Given the climate at the clinic, I decided to resign as I did not need the money nor did I have a "need to be needed." I feel that some people render services to satisfy their own pathological need to show how great they are as opposed to the Saving Grace of God. Oswald writes, "I had this strong need to be needed. I needed the parish ministry to feel like a whole person. With this unconscious motive underlying my call, I was set up to exploited by any congregation. Rather than doing ministry as a response to an experience of the Grace of God, I was doing it to assuage guilt or to seek some sort of personal fulfillment." I was trying to give back to my community through service by being a servant. I advised the Family Service Director, who valued what I was doing that

⁴ Roy M. Oswald, Clergy Self-Care: Finding A Balance for Effective Ministry (Herndon, VA: Alban Institute Publication, 1995), 14.

I was going to resign. She in turned advised the Clinical Program Director. It was at this point the Clinical Program Director asked to have a meeting with me. The following week, we had what I named "Our Come to Jesus Meeting." It was an extremely comfortable meeting where he did not need to feel threatened or that I was there to take his job. I told him I was not a threat, but a testimony of what God can and will do. I told the Clinical Program Director that our story of God's saving grace needs to be shared in order to provide hope to someone who may not have any. Once we exchanged our narratives, he began to realize how he could best utilize my skills in the program. Henri J. M. Nouwen suggests, "When we do not have to escape our pains, but that we can mobilize them into a common search for life, those very pains are transformed from expression of despair into signs of hope."5 This quote speaks volumes to me because I contend many people cover up their pains, as opposed to sharing a part of the human condition, which are life's trials and tribulations. It is intriguing to me that people sing hymns of wanting to be more like Jesus, but they do not want to carry their cross. Therefore, I know my name is not Jesus, I am not the Savior, and I am just a simple disciple that God saved by Grace. I have come to recognize how does one know of burdens if they are not able to carry their cross? Still, as noted by Oswald, "...the core of salvation is telling us that the world has already been saved. Redemption is complete. This means we don't have to save the world again, much less people entrusted to our care." On the other hand, Cardwell C. Nuckols contends,

⁵ Henri J. M. Nouwen, The Wounded Healer (New York, NY: Bantam Doubleday Dell Publishing Group, Inc. 2010), 23

⁶ Roy M. Oswald, Clergy Self-Care: Finding A Balance for Effective Ministry (Herndon, VA: Alban Institute Publication, 1995), 17.

While it's true that subjective experiences cannot be proven per se, there is a "knowingness" that comes from walking through the fire and coming out the other end that is of great, if not greater, value than scientific objectivity. The experience and knowingness gained from being a survivor—whether from addiction, depression, loss of a loved one, or other life-altering event—creates an opportunity for each of us to evolve to higher spiritual plan. When seized, life's tragedies become spiritual opportunities.

Some of the counselors face a number of pressures both within and outside the therapeutic relationship. They oftentimes find themselves facing professional and ethical dilemmas that occur when the urge arises for the counselor to repeat old habits or indulge in new habits. Repressing some of their desires may contribute to their stress and burnout. Reports published by the group Compassion Fatigue Awareness Project (CFAWP), suggests that stress and burnout can be caused by, "Caring too much can hurt. When caregivers focus on others without practicing self-care, destructive behaviors can surface. Apathy, isolation, bottled up emotions and substance abuse head a long list of symptoms associated with the secondary traumatic stress disorder now labeled:

Compassion Fatigue."

Compassion is a normal and natural response for most people. However, for clinicians who may be ex-addicts, they may find themselves reliving their own stories based on the traumatic stories of their clients. Some counselors may go through a process of transference and/or countertransference.

Sigmund Freud is known as the "father of psychoanalysis." In order to gain an understanding of his patient's behavior, he was the first to describe and acknowledge the concept of transference and countertransference. Transference referred to the redirection

⁷ Cardwell C. Nuckols, the Ego-Less SELF: Achieving Peace & Tranquility Beyond All Understanding (Deerfield Beach, FL: Health Communications, Inc. 2010), 3.

⁸ www.compassionfatigue.org (Accessed July 11, 2012).

of a patient's feelings, which could be manifested as erotic attractions stemming from past relationships. Nevertheless, this feeling could also be projected in other forms, i.e., rage, hatred, mistrust and extreme dependence on the therapist, making them a god-like status. Alternatively, countertransference is the redirection of the therapist's feelings towards a patient, or more so the emotional entanglement with a patient. Pamela Cooper-White gives a short synopsis regarding Freud's theory. However, she places emphasis of countertransference as "...the sum total of thoughts, feelings, fantasies, impulses, and bodily sensations, conscious and unconsciously that may arise in the pastoral caregiver in relation to any person who has come for help." She further suggests, "Transference, similarly, is defined as the sum total of the helpee's thoughts, feelings, fantasizes, impulses, and bodily sensation, conscious and unconscious, toward the helping professional and may include, but again is not limited to, preconditioned patterns of relating developed in childhood," 10

Hence, should some counselors suffer with transference or countertransference it may also manifest behavior such as secondary traumatic stress disorder. Some common symptoms of secondary trauma are poor concentration, emotional exhaustion, fearfulness, shame, anger and chronic fatigue. In any event, they should seek to do self-care by seeking quality time for themselves. Martha R. Jacobs suggests, "...when we don't practice self-care, our boundaries can get wobbly and our minds get easily distracted; burn-out and compassion fatigue are nearby – waiting to pounce." She further contends, "It is important to build self-care into your schedule and make it "sacred time," so that

⁹ Pamela Cooper-White, Shared Wisdom: use of the self in pastoral care and counseling (Minneapolis, MN: Fortress Press, 2004), 5.

¹⁰ Ibid., 5.

other things do not take over and fill up that time." 11 When counselors who are caretakers do not have boundaries of quality time for self, some begin to push beyond their psychological capabilities. This usually has a profound impact within the TC. It has implications for both the quality of care delivered and program management due to the loss of long-term counselors. The loss of some of the counselors, who are unable to cope with burnout/stress, disrupts the care of the patients who have formed bonds with some of the counselors. Some clients for the first time in their lives have found hope through a normal relationship of trust. When this trust is violated, clients oftentimes relapse. Some clinical counselors face a "vicious circle" of not dealing with their own traumatic experiences, which they disguise in the form of egotistical pride. Tian Dayton defines people of trauma based on Lindemann's analysis, "Persons are traumatized when they face uncontrollable life events and are helpless to affect the outcome of those event."¹² For those clinical counselors who have yet to come into a place of wholeness and believe they are healing themselves while counseling others, it is possible that it can be detrimental to themselves as well as the clientele. Dayton suggests, "When we ask present-day relationships to make up for the failures of past relationships without awareness of how those needs are affecting the relationship, we burden them in a way that impairs healthy functioning." ¹³

¹¹ Martha R. Jacobs, A Clergy Guide to End-of-Life Issues (Cleveland, OH: The Pilgrim Press, 2010), 68.

¹² Tian Dayton, Ph.D. Trauma and Addiction: ENDING THE ENDING CYCLE OF PAIN THROUGH EMOTIONAL LITERACY (Deerfield, FL: Health Communications, Inc. 2000), 5.

¹³ Ibid., 6.

Many of the counselors are recovering addicts and/or alcohol abusers as previously stated. One of the mottos that I heard throughout this experience is the belief that only people who are ex-addicts or abusers of alcohol can help one another. Some of the counselors, as well as the Clinical Program Director, treated me as an outsider because I did not have a background of drug and alcohol abuse. I have never used drugs or have been an abuser of alcohol and was therefore treated as an "outsider" by some of the clinical counselors as well as the Clinical Program Director, who used to be in that life. Joel Glenn Wixson writes the story of Addiction, Power, and the Question of Powerlessness, where he viewed himself as an "outsider." He contends, "I am cast as an outsider. As an outsider, I can support insiders in their desire to stop drinking, but cannot "identify" with them," in spite of the fact that he has worked in the field of substance and alcohol abuse for many years." Like, Wixson I too, was disliked although my primary job is with the New York City Human Resources Administration (HRA). For over 31 years, I have worked in various Social Service Departments (i.e. Domestic Violence, Division of Aids Services, Administration for Children Services and Personnel). HRA provides temporary assistance to eligible individuals and families in need of economic assistance and social services. They provide a means for leading independent lives, thereby enhancing the quality of life in New York City. Wixson made the following assertion regarding his reservations of AA:

An outgrowth of the idea of earning one's seat is the suggestion of insider-/outsider-ness. If you have not earned your seat you are considered an outsider. You would not be excluded from attending meetings, but you would be expected

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¹⁴ Joel Glenn Wixson, "Addiction, Power, and the Question of Powerlessness," in Injustice and the Care of Souls: Taking Oppression Seriously in Pastoral Care, ed. Sheryl A. Kujawa-Holbrook and Karen B. Montagno, 153-172 (Minneapolis, Minnesota: Fortress Press, 2009), 157.

only to attend "open meetings." In AA, open meetings are for anyone who might be interested in attending an AA meeting, problem with alcohol or not. Closed meetings are reserved only for those who have acknowledged a problem with alcohol. In an effort to protect the anonymous nature of the process, this dichotomy has been established. 15

Within J-CAP they have what is called "House Meetings." This practice is created to provide accountability of all participants in the program and their whereabouts. Additionally, it is during "House Meetings" that all issues are confronted and addressed. These issues can stem from participants who may be on learning experiences for some offense they may have committed i.e., relapses, behavior modification, stealing, etc. It is also to provide encouragement to the participants and recognize their achievements. It is usually overseen by the Clinical Program Director, Deputy Director or the Senior Counselor, but any staff member can address, the "Family," who are the participants. The participants are also able to address their peers. According to George De Leon, "The main function of the house meeting is community management. This function must be conducted efficiently as a considerable amount of information must be disseminated on all activities relevant to the residents, particularly assignment to encounters, job changes, and plans for the following day." ¹⁶ I learned quite a bit about the staff, many of whom were former drug/alcohol abusers, during this process. They shared their experiences as a form of encouragement to the participants. I did not agree with their use of vulgarity or how they conveyed their message, but I listened in order to hear their authentic voices. I elected not to participate in the discussions but did relay information about the scheduling of the Domestic Violence group meeting.

¹⁵ Ibid., 158

¹⁶ George De Leon, The Therapeutic Community: Theory, Model, and Method (New York, NY: Springer Publishing Company, Inc., 2000), 256.

After a while, I stopped attending the House Meetings as I did not approve of the way the counselors were talking to the clients. I felt that some of the staff could have expressed their message without being offensive. Particularly since the staff salaries are augmented through subsidies from HRA and OASAS. When I met with the Clinical Program Director, I was asked why I was not attending the House Meetings. I said, hypothetically if I was auditing your program for OASAS or HRA, I would have a hard time separating the clients from the staff. As a servant leader, I contend we are to lead by example. He then instructed staff to curtail their profanity. Transformation is about a change of behavior and how we speak.

Once I had established a rapport with the Clinical Program Director the tension that I felt from some of the Counselors, the Supervising Counselor and the Deputy Director changed somewhat. As a result, I was given more specific responsibilities. I provided separate domestic violence sessions for women and men. There was still some staff who felt threatened by my presence and I was accused of being a spy from HRA. I was also required to provide case notes based on the domestic violence sessions. This alleviated some of the counselors' paperwork. However, several months after I began doing these sessions, some of the counselors would come and ask me for the notes. I told them that they were in the case records. Many of my notes were missing. Some of the other counselors began to notice that some of their notes were missing too. One particular counselor, who was also a preacher, asked me what I thought happened to the notes that had been removed from the case records. I told her, the Senior Counselor. She asked why I thought the Senior Counselor was responsible. I informed her that she was the person most likely to profit from the missing notes. I further elaborated that the

Senior Counselor spends too much time trying to be important and was abusive with her authority. As a result, she did not have much time to work on her own caseload. The Senior Counselor has an inflated ego, and she cannot fathom her staff case records being up-to-date, which would show her own incompetency as her case records were not current. I kept copies of all of my notes, but many of the counselors did not have copies. They had to recreate the documents on their day off. The Senior Counselor supervised the project, which gave her the opportunity to bring her case records current. On the other hand, one of the counselor's was terminated because he refused to recreate the documents.

In studying the behavior of the Senior Counselor, I noticed that she had no boundaries. For example, when the Clinical Program Director met with me and invited the Senior Counselor to attend. This meeting was to discuss my responsibilities. She sat there agreeing with the Clinical Program Director. However, whenever the Clinical Director was not on the premises, which was not often during the hours I worked (6:30 P.M. – 10:30 P.M.). She ignored his directives in its entirety. I chose not to tell the Clinical Program Director what was transpiring. Sometimes, she would cancel the domestic violence sessions and call a voluntary women's group, which required all women to attend. In addition, she would have the counselors do their caseload meetings, which left no meeting place for the group. After a while, the participants began to complain. They began to notice that these meetings were scheduled only on the days that I would work, which was only three days a week. I could have taken this to the CEO but instead found solace in the knowledge that I take instructions from the Lord. I have learned in life that some people have no boundaries or ethics, and they will eventually

self-destruct. Oswald contends, "Burnout tends to come when our self-perception get distorted by ego or erroneous beliefs about reality. If we can look reality in the face, adversity can be a spiritual gift. Indeed, the truth shall set you free." The Senior Counselor did not understand that her job was to promote what is good for the client; with the expectation that the client would benefit from the domestic violence sessions. She felt that her relationship with the Clinical Program Director gave her carte blanche to do as she pleases.

The Senior Counselor also breached the boundaries of professionalism with some clients based, based on gender. She lives an alternative lifestyle and her commitment was to provide an equal and fair service to all clients regardless of age, gender, race, ethnicity, culture, disability and socio-economic status. On numerous occasions, she showed preferential treatment, on many occasions, to clients living alternative lifestyles. She overlooked their infractions and did not stand in their way of receiving their passes to go home on the weekend. However, others who may have committed the same offenses, their passes were denied.

The most egregious offense was maleficence that is to "do no harm." She did not understand that she must avoid, at all-times, any activities or situations with the client that could cause a conflict of interest. She was in violation of professional standards by borrowing money from various participants. They in turned felt violated because she was abusing her position. She did not fulfill her ethical responsibility to encourage clients to think independently and make decisions. They felt threatened and powerless to deny her

¹⁷ Roy M. Oswald, Clergy Self-Care: Finding A Balance for Effective Ministry (Herndon, VA: Alban Institute Publication, 1995), 92.

requests. Furthermore, she was not honest with the clients by faithfully honoring their commitment towards the client's progress.

One evening, I overheard a conversation between the Senior Counselor and one of the clients that I counseled spiritually. She is normally loud and rude; however, she was careful to ensure no one was within earshot of her conversation. There was also a shortage of counselors on staff this evening. Another counselor asked me could I dispense medication while he took the "Pop Count," short for the population count. I agreed to dispense the medication to the participants that were waiting on line. The Senior Counselor relieved me from dispensing medication. She told the counselor who was doing the "pop count," Ms. Pinckney is not a Clinical Counselor. Therefore, I was not able to dispense medication. The other counselor and I shared a mutual laugh at the situation. He said how is it possible that she can say that you are not a Clinical Counselor when you have all of the required credentials. She only possesses a GED. I stated to him, the difference between us is that I know who I belong to, which is God, she does not.

The following evening I met with gentlemen that I counsel spiritually. I asked him what were the Senior Counselor and him discussing. He hesitated. Then he stated, "She wanted to borrow some money?" I said to him, "You do not have to lend her any money. That is against the agency's policy." He stated she was always borrowing money. I asked him, does she repay you? He said, eventually. I asked how he felt about this. He simply shrugged his shoulder. He asked that I keep this conversation confidential, which I consented. However, I felt uneasy in my spirit and elected to tell one of the Director's. I was uncomfortable that this situation would come back to haunt

me later. However, the client eventually told his counselor about the loan situation with the Senior Counselor. The participant's counselor kept the secret until the Senior Counselor had his friend terminated. An investigation was done, and other participants came forth that resulted in her termination. Paul writes in 1 Cor. 4:5 "Therefore judge nothing before the appointed time; wait until the Lord comes. He will bring to light what is hidden in darkness and will expose the motives of the heart. At that time, each will receive their praise from God." When they cleaned out her office they found several case notes that were missing from the case records and over \$1,000.00 worth of lottery scratch off tickets.

Many of the counselors who were terminated violated many of the following ethical codes of conduct.

- One counselor was accused of having a sexual relationship with a client.
- One relapsed by using heroin and came to work high.
- Another counselor continued to use obscene, abusive and inappropriate language with participants after being forewarned.
- Finally, one counselor was stealing participant's medication to get high.

I am convinced that some of them continue to get high based on their behavior and their demeanor. This program does not give random drug testing for staff although it should be required. Some of the counselors, who did not have previous substance or alcohol abuse issues, had a spiritual foundation and some semblance of balance in their lives. However, they still faced other issues.

I have used the above illustrations to show that some of the counselors lacked self-care. They needed to search within themselves and become their own physician. In

other words as Lk. 4:23 (NIV) notes, "Physician, heal yourself." We are to walk in a spirit of truthfulness because "the truth shall set you free." I have heard people say "whose truth?" The answer lies within each person as God is Spirit and Truth.

Therefore, the Spirit dwells within each of us. Jn. 16:13 (NIV) states, "But when he, the Spirit of truth, comes, he will guide you into all the truth. He will not speak on his own; he will speak only what he hears, and he will tell you what is yet to come." Searching of the truth for self requires self-examination of the motivations, perceptions and one's own biasness. Oswald suggests that not all ambitions are bad. However, he asserts, which I concur

...in this culture ambition can so easily go astray. The drive for money, power, and success consumes many of us to a greater or lesser degree. Our effort to make more money, know the right people, attend the right social events can complicate our lives to the point where we have lost track of what's really important to us. Coming to terms with ambition can be a deeply spiritual issue, requiring us to deal with the basics of what our lives are all about. Many people are unclear about what they really want for themselves. So, subconsciously they continue to strive for the things that our culture says are so important. Later, when they have attained these things and realize they aren't what they want, it may be too late to try another path. ¹⁸

When I encounter persons who have not come into self-awareness in their fullness or wholeness and they spend their time being confrontational, my prayer for them is that God grant them the desires of their hearts. I say this prayer because I deem that fullness and wholeness are synonymous. It means to be complete in every aspect. Subsequently, when they are not happy after obtaining the desires of the world, maybe they will reflect upon self as opposed to blaming others for their unhappiness. It requires coming to terms of acknowledging the world as it is, inside of us and outside of self. We cannot ignore

¹⁸ Roy M. Oswald, Clergy Self-Care: Finding A Balance for Effective Ministry (Herndon, VA: Alban Institute Publication, 1995), 185.

that which confronts us but instead we must create peaceful, constructive relationships.

We have to contribute to one's own wholeness that consists of mind, body and spirit.

Life, for me, is affirmed in the Word of God, "The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full" (Jn. 10:10 NIV). People that are not in a place of peace for themselves and have no joy; if you allow them, they are like thieves who would steal and kill yours! Allowing people to rob your peace and joy contributes to stress, which can lead to poor health. Poor health can lead to illness or death if one do not take care of self. In her book, Dr. Jacobs writes about the subject of "Life Review," which is based on patients that are facing death. She implies, "Our stories are holy ground and should be handled as such. [Furthermore,] "Stories help us to gain self-understanding and perspective and enable us to make sense of what is going on or went on in our past." ¹⁹ I agree with the concepts. However, I think people should not wait until they are on their death bed to review their lives. We have to accept our authentic selves even if the conditions are disturbing, painful, or appear to be negative because underlying each of these unpleasant conditions is a road map to life. We can better understand self when navigating some of life's undesirable obstacles. This process allows us to express ourselves in a productive manner. This will bring us to a place of success, not defined by the world standards but embracing one's failures as well as one's accomplishments and become whole.

It was fascinating that God ordered my steps to J-CAP to counsel the clients, but I came to realize that the actual work was to be a light within that community for the counselors. When I wanted to resign from the position, God allowed me to move beyond

 $^{^{19}\,\}text{Martha}$ R. Jacobs, A Clergy Guide to End-of-Life Issues (Cleveland, OH: The Pilgrim Press, 2010), 79.

my personal barriers in order to service others by using me as His servant. It does not always require to lead from a position of authority but to lead by example. In the Gospel of Mk. 9:35, Jesus states, "Anyone who wants to be first must be the very last, and the servant of all." It was difficult to work with the Senior Counselor, and at times I wanted to be confrontational, but God held my peace. The conflict was not about her as opposed to the arrogant behavior she displayed towards the participants; especially, when she was saved by God's Grace from the same lifestyle. This was aggravating because she had no humility. Arrogance is bred out of shame and insecurity, which produces fear. People who display arrogant behavior is covering up their shame and is fearful that they will be exposed. I further contend some people behave the way they are because they do not know any other way to act. One of the counselor's, who is also a minister, told me that the Senior Counselor and the Deputy Director wanted her to do the domestic violence sessions. When asked why, "they told her because Ms. Pinckney is arrogant." She responded by saying: "The participants love Ms. Pinckney. She is more than qualified to do the domestic violence sessions. Why, do people label those, who are in a personal relationship with God, as arrogant? Those in a personal relationship with God, know who they are, who they belong to and understand their purpose. Ms. Pinckney is not arrogant; she is just confident in the God she serves." The counselor said to me, "They are really angry with you because you do not socialize with them." I replied, "It is well in my soul." My relationship is with God and is not incumbent upon needing people to like me. I know that God loves me, and I'm happy. God had to allow me to hear the brokenness in the Clinical Program Director's spirit. He in turn, was able to overcome his fear of me. The Deputy Director was silently respectful and was not that obtrusive.

However, the Senior Counselor did not recognize boundaries ended up ruining her career. They had demoted her from Senior Counselor and yet she still would not humble herself to God. As previously stated, she eventually destroyed herself by being terminated.

This has been an intriguing process as there were two other counselors that were also ministers of the gospel at the program. Both of these women are single-parents, and needed the job in order to supplement their incomes. Many of the people within the facility had witnessed things that occurred but did not speak in opposition for fear of losing their jobs. An opportunity arose for me to speak to the Clinical Program Director. I spoke the truth about what I had witnessed firsthand and about the lack of professionalism within the program.

Considering a support group for the counselors is needed where they can dialogue honestly without fear of repercussions. I think an on-site wellness center would help to facilitate a process of healing, and the counselors can be made whole. Several of the counselors have come to me for counseling but view it as an open dialogue. They view it in this manner because of shame. Unfortunately, they do not believe as counselors they also need guidance. In dialoguing with some of the counselors, I realized that they are fearful of failure. God used me to encourage the Clinical Program Director, and he has since enrolled in a Master's Degree Program at Long Island University. One of the counselors has decided to return to school to obtain her Bachelor's degree in Social Work, and another is pursuing his C-SAT qualifications. The Director, who forwarded my resume to the CEO, stopped pursing her B.A. degree because of life challenges. She was only short 50 credits. She had become discouraged because of the negative people that she had surrounded herself. Once our friendship flourished, and trust was

established, she told me she felt ashamed that she had not completed her goal. She is now preparing to obtain copies of her transcripts so that she can go forth with her dreams.

Wixson makes an analysis regarding the process of protecting the anonymity of the process of A.A. groups as a separation into two divisions that differ widely from or contradict each other. This same concept should apply to counselors. There is sometimes a division between those who are ex-substance or alcohol abusers and those who have not had the same experiences. However, I argue that the sharing of one's Holy ground stories of adversities is what draws us together as human beings. Wixson introduces the concept of Narrative Therapy. This particular therapy focuses on the narratives of a person's life, albeit positive or negative. It is based on the concept that "people are not the problem, problems are the problem." In summary, the concepts of Narrative Therapy are to help people to use their own skill sets to lessen the problems that exist in their everyday lives. It holds the belief that a person's identity is formed by their experiences or narratives. Since the problem is seen being detached from the person, a therapist can help a client externalize sensitive issues. Through dialogue, the therapist proceeds to ask pertinent questions in order to assist the person in recognizing story-lines. It is through the lens of social, political or cultural themes. Wixson offers, "...narrative practice as a platform upon which an active, ongoing critique may be engaged in that might allow for the community aspects of AA to continue to be utilized, while the existence and effects of unequal sociopolitical power may be explored and acted against". I have used Wixson's theory at J-CAP with the men and women for teaching the domestic violence module. In listening to their stories, I try to ask relevant questions that

²⁰ Joel Glenn Wixson, "Addiction, Power, and the Question of Powerlessness," in Injustice and the Care of Souls: Taking Oppression Seriously in Pastoral Care, ed. Sheryl A. Kujawa-Holbrook and Karen B. Montagno, 153-172 (Minneapolis, Minnesota: Fortress Press, 2009), 165.

assist them to make connections that provide an understanding of themselves. This correlation is based on their culture and in the context of the era in which they were raised. This has provided clarity for many of the participants.

In moving forward with my project, I used some of the above concepts with some of the counselors for creating various workshops on stress, burnout, self-care and a wellness survey. Additionally, I interviewed four of the counselors. Counselors must be in a place of wholeness for themselves in order to be the light in places of darkness. This light is nothing more than accepting one's authentic truth of self and knowing that we are not perfect. One's holy ground story resides in the fullness, which is the completeness of God as it resides within an individual.

From many accounts, clinical professionals are at increased risk for burnout, due to high levels of stress. Burnout is usually described as prolonged stress that impairs one's ability to perform his or her job in demanding situations. These stressors may display warning signs of burnout, but are not limited to, employee workload, daily commutes, chronic fatigue, compassion fatigue, absence due to sickness, those endless daily tasks of family responsibilities, and loss of confidence that can add up to serious problems.

Administrators should watch for early signs of burnout, i.e., absenteeism, low self-confidence, etc., in order to improve retention and promote employee morale. To reduce burnout, employers must implement strategies such as self-care programs to reduce stress and burnout that can also promote productivity. This allows employer and employee to be in a win-win situation.

Queens Village Committee for Mental Health Inc., J-CAP is a therapeutic community that treats substance abuse and related problems. J-CAP's acronym stands

for Just Caring About People, and its location are South Jamaica, Queens, New York. I observed, as a part-time Clinical Counselor that some of the Clinical Counselors were stressed and burnout. The purpose of this study is to develop/enhance self-care techniques to avoid stress and burnout for Clinical Counselors. Consequently, to assess the need for an on-site Wellness Center at J-CAP, and create a manual that enables other TCs to mimic the same based on their needs. The goals included:

- 1. To promote awareness among Clinical Counselors on stress, burnout and selfcare techniques for the mind, body and spirit by producing a series of training workshops.
- 2. The Site Team and I will recruit 4 clinical counselors from the training workshops for one-one interviews. They will become a focus group to help create an on-site Counselor's Wellness Center at J-CAP.
- 3. To create a manual that will enable other Therapeutic Communities (TC) to replicate a Wellness Center.

Several steps were undertaken to achieve research goals. Since the purpose of the research is to create an on-site wellness center initiated by individuals, training was held on the following dates June 18, 21, and 26, 2013 on stress, burnout and self-care techniques. Each trainee completed self-assessment tests on stress, burnout, self-care and a Wellness Survey. The trainees consisted of Clinical Counselors, Social Workers and other professionals that work in Therapeutic Communities (TCs). According DeLeon,

...concerning the evolution of the addiction TC—particularly its relationship to the psychiatric TC—is the label therapeutic community. Although Tom Main, a noted British psychiatrist, coined the term for the psychiatric model, there is no clear-cut evidence that these earlier psychiatric TCs had any direct influence on the origin of addiction TC. Thus, the origin of the *therapeutic community* label for addiction TCs of North America is not precisely known.

References to *therapeutic community* appear in relation to chemical dependency in early publications dealing with particular programs, such as Synanon, Daytop Village, and residential programs developing in Illinois in the mid-1960s (Casriel,

1966; Jaffe, 1969; Yablonsky, 1965). However, these represented the use of the term by specific individuals rather than reference to a widely accepted label. ²¹

Nevertheless, many scholars in various professionals have defined therapeutic communities as models based on group approaches that address mental illness, personal disorders and drug addiction.

Defining Terminologies of Stress, Burnout & Self-Care STRESS

The origin of the word "stress" comes from the Latin word "stringere" that means to draw tight. Tom Cox notes that one of its earliest recorded uses is in a religious context. The poet Robert Mannyng (AD 1303 – Handlying Synne) wrote, "That floure ys kalled 'aungelys mete' that God gate the folke to ete What they were yn wilderness Forty wyntyr, yn hard stres." Other modifications, on the word, appeared later in the English literature as the following: stress, stresse, sresce, strest and straisse. The word has been traced, "(via Middle English) to the old French word "Destress", which meant to be placed under narrowness or oppression. The original English word "distress" evolved into two words "stress" and "distress". According to Fontana, both words have slightly different meanings, "the one ambivalent, the second always indicating something unpleasant," In the seventeenth century, it meant "hardship, adversity or affliction." "During the late eighteenth century its use evolved to denote

²¹ George De Leon. The Therapeutic Community: Theory, Model, and Method. (New York, NY: Springer Publishing Company Inc., 2000), 24.

²² Tom Cox, Stress, (Britain, London, Macmillan, 1978), 2

²³David Fontana, Stress Management (Leicester, UK: British Psychological Society, 1989), 2

²⁴ Ibid., 2

force, pressure, strain or strong effort, with reference primarily to a person or to a person's organs or mental powers."²⁵

Hans Selye categorizes the three stages alarm, resistance and exhaustion, and points out,

...that stress is an abstraction; it has no independent existence."²⁶ He sees it as important to name stress before it is possible to scientifically define it. He quotes Shakespeare "What's in a name? That which we call a rose / By any other name would smell as sweet", he points out that we can "discuss a rose by any name because everyone knows what is meant by a rose, but you cannot discuss, and far less define a new scientific concept without first identifying it in some way by a name.²⁷

There seems far more consensus as to what is a rose than what is stress and the varieties of it have led to differing theories and practical approaches. For that reason, several disciplines study stress; psychiatry, physiology, psychology, sociology, medicine and anthropology. Richard Lazarus suggests, "The reason for this voluminous activity is that stress, as a universal human and animal phenomenon result in intense and distressing experience and appears to be of tremendous influence in behavior."

Selye has provided a working understanding in which we can now detect symptoms of stress and the impact it has on one's health. However, Janette S. Caputo writes.

Selye did not view all stress as bad, however, and defined it is having two sides, one positive and one negative. In positive stress or eustress, the stressors promote well-being by serving as catalysts and stimulants to push the individual toward achieving at a high level. Selye believed that many people, those whom he calls

²⁵ Cary L. Cooper and Marilyn J. Davidson, Stress Survivors (Britain, London: Grafton/HarperCollins, 1991), 4

²⁶ Hans Selye, The Stress of Life (New York, NY: McGraw-Hill; 2 edition 1978), 49

²⁷ Ibid., 46

 $^{^{28}}$ Richard S. Lazarus and Susan Folkman, Stress, Appraisal and Coping (New York, NY: Springer Publishing Company, 1984), 2

"racehorses," literally thrive on high levels of stress. However, the downside of this idea is that some stress is harmful. Continuous stress over a long period is quite harmful and worthy of the name Selye applied to it: distress.²⁹

Lazarus expounds on Selye's work, on the differences between eustress and distress. He first defined the Cognitive Appraisal Theory of Emotions. He suggests a situation can become intimidating and/or traumatic based on how one perceives the episode or circumstances and the one who is faced with the situation. He described that cognitive appraisal processes play a vital role in how a person reacts in different situations. For example, in a situation a person would react with various emotions depending on how each person sees it. He writes,

There is an old phenomenological tradition in psychology that the meaning of an event to the person shapes the emotional and behavioral response. Our concept of cognitive appraisal refers to evaluative cognitive processes that intervene between the encounter and the reaction. Through cognitive appraisal processes the person evaluates the significance of what is happening for his or her well-being. Traditionally, stress research has been based largely on non-cognitive models such as drive reinforcement and arousal or activation. However, the utility of these models has come into question. For one thing, the evidence is overwhelming that appraisal-related processes shape the reaction of people to any encounter. Moreover, emotional response is in fact specific to appraised meanings and differentiated as to quality as well as intensity. As a result, a growing number of psychophysiological researchers are beginning to incorporate cognitive mediation into their models.³⁰

Furthermore, like Selye's stages, Lazarus notes, 'Three kinds of primary appraisal can be distinguished: (1) irrelevant, (2) benign-positive, and (3) stressful."³¹ The outcome of the situation does not affect the person in any form is a primary example of appraisal of *irrelevant*. When an outcome is accommodating to one's self, this can be viewed as

²⁹ Janette S. Caputo, STRESS and BURNOUT in Library Service (Phoenix, AZ: Oryx Press, 1991), 6

³⁰ Ibid., 52-53

³¹ Ibid., 32

a benign-positive situation. The fruits of the spirit, joy, love and peace are the emotions related to this type of appraisal. When we find the consequence is likely to be one that is negative and is harmful poised in a form of a threat, a situation can become stressful. The appraisals include fear, anger and sadness. Lazarus contends Secondary Appraisal occurs,

When we are in jeopardy whether it be a threat or a challenge, something must be done to manage the situation. In that case, a further form of appraisal becomes salient, that of evaluating what might and can be done, which we call secondary appraisal. Secondary appraisal activity is a crucial feature of every stressful encounter because the outcome depends on what, if anything, can be done, as well as on what is at stake.³²

He further claims,

Reappraisal refers to a changed appraisal based on new information from the environment and/or the person. A reappraisal differs from an appraisal only in that it follows an earlier appraisal. Sometimes reappraisals are the result of cognitive coping efforts; these are called defensive reappraisals and are often difficult to distinguish from reappraisals based on new information.³³

Clinical Counselors may define their personal stressors based on emotions at the time of the circumstances. Still, Oswald suggests, "With stress, too much change or novelty, forces people to over use their adjustment capabilities, and after a while, they become either physically or emotionally ill." He further believes that stress and burnout are quite different animals." Selye's Exhaustion Stage does not allude to the concept of burnout, but it clearly defines symptoms of burnout.

³² Ibid., 35

³³ Ibid., 38

³⁴ Roy M. Oswald, *Clergy Self-Care: Finding A Balance for Effective Ministry* (Herndon, VA: Alban Institute Publication, 1995), 57

BURNOUT

When the Site Team discussed the concept of burnout, it circumvented around the perception of burnout as depleted of all energy, emotionally, mentally and physically. Janette S. Caputo points out, "Freudenberg's early definition of burnout wasn't really a definition at all; it consisted of a collection of behavioral traits that were observed in members of the helping professions who were pursuing impossible goals under impossible situations." Oswald illustrated this point in his writings through personal experiences as a Pastor. He writes,

As I've looked at my own life and talked to pastors, it's clear to me that much of what we do in ministry is governed by our theology of ministry. I began my ministry with the idea that I could singlehandedly make the small mission congregation to which I had been called grown and flourish. Seminary had prepared him intellectually for theological and biblical work with parishioners, but it did not prepare me to deal with my limitations in coping with their seemingly insatiable demands and the confusion I felt in trying to set priorities among the many parish tasks. I felt surrounded by a sea of human needs that I set out to fill through my own physical resources. My growing despair and anger occasionally surfaced in my sermons. I thought I was being prophetic, but actually I was berating them for not working as hard as I did. I was defenseless against the demands of ministry because I had no theological perspective for self-care and the management of my limitations. ³⁶

To explain further, the perception of burnout Caputo provides Muldary's (1983) graphic impressions in the following manner:

It is common sense to conclude that someone who "burns out" must have been "on fire" at some time. In this connection the term was once used as a loose psychiatric label for psychopaths whose chronically antisocial behavior seemed to die out after the age of forty. It was also used, and still is in some contexts, as a

³⁵ Janette S. Caputo, STRESS and Burnout in Library Service (Phoenix, AZ: Oryx Press, 1991), 3

³⁶ Roy M. Oswald, *Clergy Self-Care: Finding A Balance for Effective Ministry* (Herndon, VA: Alban Institute Publication, 1995), 57

street label for people who appear to be emotionally and mentally disorganized because of chronic drug use." ³⁷

Hannah K. Knudsen, (Ph.D.), Lori J. Ducharme, (Ph.D.) and Paul M. Roman, (Ph.D.) (Center for Research on Behavioral Health and Humanity Services Delivery of the University of Georgia) published a study in the Journal of Substance Abuse Treatment. This study was entitled, "Counselor Emotional Exhaustion and Turnover Intention in Therapeutic Communities". They used data collected from 817 counselors employed in a national sample of 253 Therapeutic Communities. The study showed in part, "Data from both treatment settings and other types of human service organizations suggest that emotional exhaustion, a key component of burnout, and turnover intention are key precursors of actual turnover." ³⁸

On the other hand, reports published by the group Compassion Fatigue Awareness Project (CFAWP), suggests that stress and burnout can be caused by "Caring too much can hurt." When caregivers focus on others without practicing self-care, destructive behaviors can surface. Apathy, isolation, bottled up emotions and substance abuse head a long list of symptoms associated with the secondary traumatic stress disorder now labeled: Compassion Fatigue." Compassion is a normal and natural response for most people. However, for clinicians who may be ex-addicts, they may find themselves reliving their own stories based on the traumatic stories of their clients. Some counselors may go through a process of transference and/or countertransference.

³⁷Janette S. Caputo, STRESS and BURNOUT in Library Service (Phoenix, AZ: Oryx Press, 1991), 4

³⁸ www.jour<u>nalofsubstanceabusetreatment.com</u> (accessed October 21, 2012)

³⁹ www.compassionfatigue.org (accessed July 11, 2012).

Sigmund Freud is known as the "father of psychoanalysis." In order to gain an understanding of his patient's behavior, he was the first to describe and acknowledge the concept of transference and countertransference. Transference referred to the redirection of a patient's feelings, which could be manifested as erotic attractions stemming from past relationships. Nevertheless, this feeling could also be projected in other forms, i.e., rage, hatred, mistrust and extreme dependence on the therapist, making them a god-like status. Alternatively, countertransference is the redirection of the therapist's feelings towards a patient, or more so, the emotional entanglement with a patient. Pamela Cooper-White gives a short synopsis regarding Freud's theory. However, she places emphasis of countertransference as "...the sum total of thoughts, feelings, fantasies, impulses, and bodily sensations, conscious and unconsciously that may arise in the pastoral caregiver in relation to any person who has come for help." She further suggests, "Transference, similarly, is defined as the sum total of the helpee's thoughts, feelings, fantasizes, impulses, and bodily sensation, conscious and unconscious, toward the helping professional and may include, but again is not limited to, preconditioned patterns of relating developed in childhood,"⁴⁰

Some counselors may suffer with transference or countertransference which can manifest as secondary traumatic stress disorder. Some common symptoms of secondary trauma are poor concentration, emotional exhaustion, fearfulness, shame, anger and chronic fatigue. Charles R. Figley notes,

Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress.

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⁴⁰ Pamela Cooper-White, *Shared Wisdom: Use of the Self In Pastoral Care And Counseling* (Minneapolis, MN: Fortress Press, 2004), 5.

Mary Cerney (Chapter 7) notes that working with trauma victims can be especially challenging for therapists, since some may feel that they, in the words of English (1976), "... have taken over the pathology" of the clients (p. 191). Cerney suggests:

This affront to the sense of self experienced by therapists of trauma victims can be so overwhelming that despite their best efforts, therapists began to exhibit the same characteristics as their patients—that is, they experience a change in their interaction with the world, themselves, and their family. They may begin to have intrusive thoughts, nightmares, and generalized anxiety. They themselves need assistance in coping with their trauma.

The professional work centered on the relief of the emotional suffering of clients automatically includes absorbing that suffering itself as well.⁴¹

In any event, they should seek to do self-care by seeking quality time for themselves. Martha R. Jacobs suggests, "... when we do not practice self-care, our boundaries can get wobbly and our minds get easily distracted; burn-out and compassion fatigue are nearby – waiting to pounce." She further contends, "It is important to build self-care into your schedule and make it "sacred time," so that other things do not take over and fill up that time." When counselors who are care-takers do not have boundaries of quality time for self, some begin to push beyond their psychological capabilities. This usually has a profound impact within the TC. It has implications for both the quality of care delivered and program management due to the loss of long-term counselors. The loss of some of the counselors, who are unable to cope with burnout/stress, disrupts the care of the patients who have formed bonds with them. Some clients for the first time in their lives have found hope through a normal relationship of trust. When this trust is violated, clients oftentimes relapse. Tian Dayton defines people of trauma based on

⁴¹ Charles R. Figley, Ph.D., Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized (New York, NY: Routledge Taylor & Francis Group, 1995), 1-2

⁴² Martha R. Jacobs, *A Clergy Guide to End-of-Life Issues* (Cleveland, OH: The Pilgrim Press, 2010), 68.

Lindemann's analysis. He surmises, "Persons are traumatized when they face uncontrollable life events and are helpless to affect the outcome of those events." For those clinical counselors who have yet to come into a place of wholeness and believe they are healing themselves while counseling others, it can become detrimental to themselves as well as the clientele the service. Some of the counselors face a number of pressures both within and outside the therapeutic relationship. They oftentimes find themselves facing professional and ethical dilemmas that occur when the urge arises for the counselor to repeat old habits or indulge in new habits.

Repressing some of their desires may contribute to their stress and burnout. Dayton suggests,

We are biologically set up to meet our needs for dependency and nurturing through our early kinship relationships. When our basic life needs are met inadequately early in life, we can develop an emotional hunger that is never met and is characterized by our seeking to redo the past—to meet our early unmet need with the wrong people at the wrong time and place. When we ask present-day relationships to make up for the failures of past relationships without

awareness of how those needs are affecting the relationship, we burden them in a way that impairs healthy functioning." ⁴⁴

SELF-CARE

Reflection of the concepts of self-care, the consensus for the Site Team and I was, "taking care of one's self." However, playing devil's advocate, the question asked; does this mean a person is selfish or self-centered? Nevertheless, Howard Brockman, views self-care as self-actualization. He writes, "…if there is any one rule that will sustain a caregiver while working to support other people it is this: Your first priority is to always

⁴³ Tian Dayton, Ph.D. *Trauma and Addiction: ENDING THE ENDING CYCLE OF PAIN THROUGH EMOTIONAL LITERACY* (Deerfield, FL: Health Communications, Inc. 2000), 5

⁴⁴ Ibid., 17

take care of yourself physically, emotionally, spiritually, and in every other way while in relationship to another." He further believes, "While it is particularly important to maintain proper boundaries with your clients, you must also have adequate boundaries in all major contexts in your life so that you are managing your chi consciously and consistently."⁴⁵ From my perspective, clinical counselors in the Main Treatment have a high turnover rate. The contributing factors to their overall stress and burnout could be due to a lack of boundaries and self-care. In order to provide care to the least of those who suffer as a result of life's challenges, the provider must be in a place of wholeness for themselves. For me, wholeness means self-care by taking care of mind, body and spirit. Physicians and other healthcare professions usually swear to practice medicine ethically and honestly, which is the Hippocratic Oath. Most laymen shorten this oath "to do no harm," which applies to both the client and the provider; but also should apply to Clinical Counselors that do not place limitations on their own immortality can burnout. In contrast, self-care is not about being self-centered, but more accurately about stewardship of your mind, body and spirit. This allows a person to effectively serve others. Providing service to others can lead to feeling overwhelmed, unappreciated, unsupported and isolated. Taking care of self helps to create balance and establish boundaries to restore a sense of well-being in an effort to avoid the dangers of stress that can lead to burnout.

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⁴⁵ Howard Brockman, LCSW, Essential Self-Care for Caregivers and Helpers: Preserve Your Health, Maintain Your Well-Bing And Create Effective Boundaries (Salem, OR, Columbia Press LLC, 2012) 124

CHAPTER 3

IDENTIFYING A SOLUTION FOR RESOLVING THE PROBLEM (BACKGROUND OF TRAINING WORKSHOPS)

The event that led to implement this training occurred while I was working at J-CAP as a part-time Clinical Counselor. Some of the counselors would come to me to discuss their problems. I also noticed that many of them were agitated on a consistent basis. Many of them had not taken time-off for a well-deserved vacation. I also was facing my own dilemmas, i.e., working two jobs, wife, commuting between both jobs, encountering hostility in jobs, school, etc. I was looking to do a project for my proposal, and I discussed the above with the Site Team. We devised, in part, a Challenge Statement. We thought about creating a Wellness Center at J-CAP that would comprise training on stress, burnout and self-care techniques. The target population was Clinical Counselors that work in a Therapeutic Community (TC).

The original trainings would consist of 3 half day sessions on the 18th, 19th, and the 21st of June 2013. My primary population was J-CAP's Clinical Counselors as the on-site Wellness Center will be located in their facility. I also solicited two of my family members that work for not-for-profit organizations that OASAS oversees.

J-CAP is a 24 Hour TC and the other two programs are day programs. All of these programs employ clinical counselors, social workers, other professional staff and support staff.

My sister works as the Vice President of Quality Assurance Management at Addiction Research & Treatment Corporation. The Addiction Research and Treatment (ART) Corporation was organized in 1969. They wanted to address the unique problems of hard-core inner city substance users (minority addicts) and have provided prevention/interventions to this population. My daughter-in-law works as a Director for Adults Living with Mental Illness at The New York Jewish Board of Family and Children's Services (NYJBFCS) located in Brooklyn. According to their website,

Born more than a century ago from the heart of New York's Jewish Community, The Jewish Board of Family and Children's Services has grown into an organization that provides support and care for those in need in all of the city's diverse communities and distinctive neighborhoods. In its earliest days, volunteers for what would later become JBFCS were described as "an organized expression of neighborly feeling. This spirit drives JBFCS to this day as it continues to extend a helping hand to those most in need of care, support, and a clear vision of a path forward. JBFCS offers more than 175 social service and mental health programs to all New Yorkers. ⁴⁶

She is responsible for overseeing three areas that assist in finding housing for adults with mental illness.

My sister reviewed the original flyer. She stated, "The counselors get paid based on how many clients they see each day. Therefore, having them to be out of the office for 3 half days, will cause a financial burden." Without sending out the flyer she indicated that many of the counselors are looking for classes that would provide them with credits towards their New York State (NYS) Credentialed Alcoholism and Substance Abuse Counselor Certification (CASAC). I told her, "I am not a licensed trainer for NYS/OASAS." Therefore, the classes cannot be used for credits toward their certification licenses. However, I am waiting to hear from OASAS regarding approval of

 $^{^{46}\} www.jbfcs.org/programs-services/adults-living-mental.../list-programs\ (Accessed\ July\ 18,2013)$

my CASAC. She said, "There is a backlog." I told her, I will pursue the credentials for a CASAC Trainer once this process is completed. I asked her why not e-mail the information to the staff and let them decide for themselves.

I contacted my daughter-in-law and asked "What she thought." She stated, "She agreed that having training for 3 half days was too long." However, she asked, "Why don't I come to her program and do the training on-site?" I told her that I had rented space off-site because I wanted the participants to feel comfortable. Oftentimes, I find when staff go to on-site trainings they are hesitant to express themselves in the presence of administration. Furthermore, I said if the training is successful and your people want to recommend the training be done at the location, I will do it at a later date for all staff.

I changed the flyer (**Appendix 2**) to 1 full day combining the stress and burnout trainings and a half day on Self-Care techniques for the Mind, Body and Spirit. I emailed the revised copy to the Clinical Program Director of J-CAP, my sister and my daughter-in-law. The Site Team distributed several flyers to various TCs. I tried following-up with other TCs, via telephone; however, it was of no avail.

I received an e-mail from J-CAP providing me with the names of 8 participants who wanted to attend the training. The ethnic, age range and functional titles of the participants for J-CAP consisted of 2 males; 1 Hispanic, 1, African American between the ages 41-60+ and both are clinical counselors. One was a clinical counselor at another TC program. He signed himself into J-CAP after he relapsed. There were 6 women; 5 are African Americans and 1 Caucasian. The age range breakdown is as follows: 3 are between the ages 41-50 and 3 range between the ages 51-60. The Site Team leader participated in the training, and she is the Family Director for J-CAP. The women are

clinical counselors. However, two of them are wearing dual hats; one is the Intake/Legal Liaison and has a caseload of 5 clients that she counsels. The other is counseling and providing supervision. I later learned that there was a conflict with the training schedules because OASAS was providing mandated on-site training due to changes in policy mandates. I contacted the Program Clinical Director of J-CAP. He stated. "He will allow the 8 people that signed up for the training because he did not want to disrupt my progress." I thanked him and e-mailed him the Agenda Overview (**Appendix 3**).

My daughter-in-law forwarded the e-mail to her staff. I received two e-mails from two staff members that signed up for the training. My daughter-in-law provided me with the names of the other two. My daughter-in-law authorized the staff to be paid for attending both trainings. She said this would not only be beneficial to the staff, but also for the clients they service if they counsel their clients on how to reduce stress, burnout and some self-care techniques. All of the participants are social workers: 1 is a Jewish male in the age range of 60+ years of age and he is a Social Worker Supervisor. He is a licensed Certified Social Worker with "R" privilege. According to the website for New York State on licensing Social Workers, the Social Work Psychotherapy R Privilege means:

If you are certified as a Licensed Social Worker (LCSW-R) in New York State, it requires that you possess 3 years of supervised, post licensed experience, which must be in a setting that is legally authorized to provide psychotherapy and clinical social work services. An LCSW-R privilege is recognized in New York State as a reimbursable psychotherapist. LCSW's clients may receive reimbursement for mental health services under the regulation and limitations of the insurance law. ⁴⁷

⁴⁷ www.op.nysed.gov/prof/sw/lcswprivilege.htm (Accessed July 20, 2013)

The participants consisted of 3 women; 2 ranged from the ages 21-30; 1 was Caribbean, and the other was Asian. The last woman was in the age range of 51-60, and she identified herself as Caribbean.

A week before the trainings I tried reaching my sister, via e-mail and telephone because I did not receive any communication from anyone from her program. She did not respond, and we live in the same complex development. Our buildings are adjacent to one another. The weekend before the training, I ran into my sister at another sister's house. She stated, "I forwarded the flyer to the clinical counselors and told them if they wanted to attend the training they would have to use their own time to go." I made no comment. However, in my mind it was clear to me she was not trying to be supportive. She holds the title of Vice President; she would not authorize the staff to get paid to go to training? But, she is always expounding the importance of education. She then, asked, "When was I graduating?" I honestly did not understand the relevancy of this question, but I said, next year. That was the end of the conversation. Nevertheless, the sister's house we were visiting assisted the site team with doing the shopping and helped to set up the training. She said, our sister was being selfish and I told her what else is new. I moved on. Twelve (N=12) participants attended the training sessions and were served a continental breakfast and lunch on both days.

In addition, my sister-in-law and I facilitate empowerment groups with 6 of our nieces, 3 ranging from the ages 21-30 and 3 from the ages 41-50. However, one niece was absent from this training. We do this every 3-6 months on various topics. On Saturday, June 26, 2013, I did the above trainings with them. Their background is as follows: Five are Afro-Americans, and 1 is Hispanic. They work for various

municipalities. 1 is a Captain with the Correction Department with a B.A. in Social Work. 1 work as a Train Conductor for New York City's Metropolitan Transit Authority (NYC/MTA), 2 is Paraprofessionals with NYC Board of Education, and one has a B.A. in Psychology. 1 works for the United States Postal Services (USPS), and the last one works for New Jersey's Transit (NJT), but did not attend the training. My sister-in-law also participated in the training. She works as a manager for CVC and also does aroma therapy. She is in the age range of 51-60.

This report provides an evaluation of the training workshops held on June 18, 2013 and June 21, 2013. I also evaluated the training on June 26, 2013. The total participants trained consisted of N=18. Furthermore, I conducted interviews with 4 J-CAP clinical counselors, who will be a part of a focus group that will assist in planning the on-site Wellness Center at J-CAP.

The Site Team and I planned a wellness retreat for the 4 clinical counselors that are a part of the focus group. During the weekend of September 20-22, 2013 we will take the trainees to Peace Village located in Haines Falls (Hunter), New York. I e-mailed the trainees an invitation to participate in the retreat (Appendix 163).

It is a training center of the Brahma Kumaris which was the emergence from the Hinduism tradition. According to the website,

Brahma Kumaris means 'daughters of Brahma.' Seminal to the vision of world renewal was the revelation of the important and prominent role of women as spiritual teachers. Brahma Baba correctly foresaw that core values based on traditionally feminine qualities – patience, tolerance, sacrifice, kindness and love – would increasingly become the foundation of progress in personal growth, human relations, and the development of caring communities. To maintain the emphasis on this vital core of leadership, he named the organization the Brahma Kumaris World Spiritual University. 48

⁴⁸ www.brahmakumaris.org/whoweare (Accessed January 27, 2014)

Their objectives are:

We study spiritual knowledge that nurtures respect for all faith traditions, coherently explains the nature of soul, God, time, and karma, and delineates an enlightened lifestyle. We practice and teach a form of meditation that relaxes the mind and nurtures a healthy balance between our inner and outer worlds. Through numerous social service activities and partnerships, we promote spiritual understanding, leadership with integrity and elevated actions towards a better world. 49

Moreover, we will participate in a workshop at the retreat entitled, "Peace of Mind". Some of the counselors had selected, on their wellness survey, they would like additional information on spiritual wellness. The Site Team and I thought this would be the perfect opportunity. The workshop goals, based on their website, are

...to explore and experience the spiritual truths that can awaken, empower, and sustain that peace which is, in fact, a fundamental quality innate to every human soul. Along with the essential tools of silence and meditation, a live drama interwoven throughout the retreat aids our understanding of how to apply these spiritual truths and obtain true peace and self-mastery on the 'battlefield of life.' ⁵⁰

The purpose of the retreat is to observe the participants on how well they have incorporated some of the self-care techniques. However, the clinical counselors that were selected to participate in the focus group initially agreed to attend the retreat at Peace Village for September 20-22, 2013, but at the last minute they declined. I asked them if their concerns were about losing pay for the weekend. I then shared with them that the Clinical Program Director had considered the retreat as training. Therefore, he had authorized for them to be paid for the entire weekend. One of the clinical counselor's, Ms. "B," resigned from the program. The remaining counselors reasons were unsure, and I did not bother to explore the issue any further.

⁴⁹www.peace-village.org/Events/retreats (Accessed July 10, 2013)

⁵⁰ Ibid.

Nevertheless, two of the Site Team members, my sister, my sister-in-law and me attended the weekend retreat as we, too, were seeking "Peace of Mind". On the drive up to Haines Falls, the group discussed what they were hoping to gain from the workshop. They asked me questions about the people that promote the workshop and I my sister-in-law provided some background information. I told them that this is not a conventional religious group, and try to take what they are seeking for themselves.

We arrived in Peace Village on Friday night because check-in begins from 5:00 P.M.-8:00 P.M; we were assigned room numbers and given the keys for the rooms. At the Braham Kumaris Center, they practice vegetarianism. We ate a light meal that consisted of a bowl of soup, salad, rice and beans. After the meal, we browsed the souvenir store, and I retrieved a Brahma a Kumaris Pamphlet Appendix 164-165, which provided additional details of the founder of the center. In addition, I picked up another brochure Appendix 166-167, and I was surprised to know they have a Meditation Center and Gallery located in New York City at 5th Avenue. Nevertheless, the grounds at Haines Fall are breathtaking, and the air quality felt better because of the mountains. More importantly, it is best to travel out of the city sometimes as the spectacular views can have a profound effect in changing one's position. Finally, I acquired their Retreats 2013 Calendar, Appendix 168-176, which denotes the various retreats, the facilitators, and other information. We took the bags to the rooms and returned to the center for the orientation. At the end of the retreat, I also purchased a CD.

During the orientation, they showed a PowerPoint presentation that provided some background information on how one can focus on peace of mind. The facilitator stated in striving for obtaining peace of mind, we have to gradually recognize how the

ego and all its baggage such as anger, greed, lust and materialistic attachments have taken over some people consciousness. She stressed the word gradually because we have learned these habits over time, and it will take time to recognize these practice and work towards liberating one from such suffering. Towards this end, they asked each participant to introduce themselves and any other information they wanted to share. During this process, what was fascinating to me, was that most participants introduced themselves by name, job description relationship to the person or persons they attended the retreat with, and their reason for attending the retreat. The facilitator did not elaborate any further, but left us with the following question to ponder for the morning session. Who Am I?

When I thought about the question, for myself, my answer is I am a child of the King? During the morning session, which the facilitator entitled, Posture I, she suggested that most pain that we experience in the body could be avoided. She contends because we have poor body alignment, but when we practice proper posture one's body is in alignment with itself. Again, she asked the crowd who am I? Some responses were I am a spirit, me, and self, etc... The facilitator responded by stating, "There is a large gap between what we say as opposed to how we are living in our lives every day." She alluded there are four things that can hinder one's peace of mind.

- Package is identifying someone by their name, gender, size, culture
- People/Relationship what she called "name dropping". The person's
 identity is attached to the relationship of other people, and this is how they
 define themselves.

- Position/Possessions whatever we own and whatever we attached mine to is identity.
- Awareness We wonder around in actuality trying to live up to these fallacies, which may cause stress.

Another facilitator came forward to elaborate on one of the responses from the previous evening. "What do me mean?" I thought the following reply was overpowering. I am a spiritual being. You are a soul, playing a role. I am sitting in a costume body and playing a role. I am seeing through the eye. I am sitting in the body, and there is a point of light in the spiritual being. Soul or Spirit can be used interchangeably. We say one thing and are not living it in our everyday experiences; to try to close the gap to living in reality. I am soul living in a human body. Awareness, what is my reality? I would never lose my peace if I was living in my reality every day and I could see others in the same manner. The soul is eternal. The costume I sit in is not. You will die. You cannot die, and the body and you will depart. You will go into another costume, what we call a rebirth. I am a soul. I visualize myself as quiet, still, lightness and invisible to the visible eye. Inner world has to become the simple and calm in order to have an experience. I am the soul. Peace should be your nature and a reality. If I remember that I am a soul, which will activate the power of peace within self, I am eternal and free. Wherever I go, I become lighter observing the world without reaction.

To expound on the above concepts, the participants were placed into groups of four. Then we were asked to do the following exercise. We had to walk around the room in silence providing eye contact to each participant. We were asked to try to see in the light in each other without pushing or forcing your own thoughts as you looked at

others. I thought there was a fascinating exercise. The question that resonated in my mind was the following, "What if you do not see the light in other's because there is no light within you?" Nevertheless, I participated in the exercise. I noticed as I walked around not everyone was able to provide direct eye contact.

Session 2-6 continued on Saturday through Sunday afternoon consisted of a play known as the Gita. The Gita may be considered an epic poem. The facilitators played the characters of Arjuna who does not want to go into battle. He does not understand why he has to shed his family's blood for a kingdom that he does not even necessarily want. In his eyes, killing is evil and killing his family is the greatest sin of all. He casts down his weapons and tells Krishna he will not fight. Krishna, then, begins the systematic process of explaining why it is Arjuna's dharmic duty to fight and how he must fight in order to restore his karma. The facilitators put a modern twist to the epic that allowed others to reflect from their perspective of learning these valuable life lessons for self.

Krishna presents three main concepts for achieving this dissolution of the soul -renunciation, selfless service, and meditation. All three are elements for achieving 'yoga,'
or skill in action. Krishna says that the truly divine human does not renounce all worldly
possessions or simply give up action, but rather finds peace in completing action in the
highest service to God. As a result, a person must avoid the respective traps of the three
gunas: rajas (anger, ego), tamas (ignorance, darkness), and saatva (harmony, purity).

As I partake in the retreat what I came away with the similarities as it relates to religious teachings. In the NIV John 4:24 it is written "God is spirit, and his worshipers must worship in the Spirit and in truth." This scripture came to my heart at the retreat because I contend if we were created out of the breath of God, is not that truth within us?

I purchased the book entitled, Bhagavad Gita just to do further research on the concepts we learned at the retreat. The author writes.

In regard to man's final end, all the higher religions are in complete agreement. The purpose of human life is the discovery of Truth, the unitive knowledge of the Godhead. The degree to which this unitive knowledge is achieved here on earth determines the degree to which it will be enjoyed in the posthumous state. Contemplation of truth is the end, action the means.⁵¹

The group's overall experience that they walked away with was focusing on the quiet moments of self-reflection as we participated in a nature walk. We were required to walk in silence through the brushes and focus on our breathing, listening to the wind, bubbling brooks of water and our hearts. Another walk was call, "The Whisperer." On both side of the road were approximately 25 people lined up and the participants walked in the middle of the road. When each participant walked in the middle of path, the persons on the left and right side of the road would whisper a positive statement to each participant. Many people began to cry because as one of my colleague said it is very rare that people build people up, as opposed to tearing down people. She said it felt good to be validated by strangers who poured out love without knowing who I am.

It was a quiet drive back to the city. We rode down the mountain looking at the scenery, listening to our hearts and the movement of the wind. When we finally spoke to each other it was looking into the light of a soul.

The purpose of the retreat is to observe the participants on how well they have incorporated some of the self-care techniques. Although the clinical counselors did not participate in this process, everyone that attended the retreat had participated in the workshops and the retreat.

⁵¹ Swami Prabhavananda and Christopher Isherwood, Aldous Huxley. Bhagavad-Gita. (New York, NY: Barnes & Noble Books, 1995) xv.

There have been 4 key objectives for the trainings:

- 1) The first objective was to focus on the explicit level of feedback and satisfaction to the overall trainings that were delivered to participants. This objective was met by creating an evaluation form. The evaluation form helps the facilitator to enhance their training skills or even redesign the training curriculum, if necessary.
- 2) Secondly, to define detailed knowledge by informing clinical counselors of the impact of stress and burnout. It also was to provide them with various self- care techniques to reduce the symptoms of stress and burnout.
- 3) I conducted on July 11, 2013 and July 13, 2013, post training, one-one interviews with 4 of the J-CAP counselors that participated in the training.
- 4) The 4 clinical counselors that participates in the focus group will help to create a 3 dimensional presentation of an on-site Wellness Center. Finally, to create a manual as a guide for other TCs on creating an on-site Wellness Center (**Appendix 177-185**).

CHAPTER 4

RESEARCH QUESTION 1

How Does The Bible Portray The Concepts of Stress, Burnout and Techniques for Self-Care?

Most major translations of the Bible do not specifically use the word stress as previously defined. This is largely because stress, as you have read, is not simply a name of some "thing" but is a complicated phenomenon whose existence in many cases rests on value judgment of the individuals concerned. However, scripture does speak to things such as anxiety, worry and trouble and gives us clear answers on how we should deal with them. For example, Proverbs 12:25 (KJV), "Heaviness in the heart of man maketh it stoop: but a good word maketh it glad." (I used the KJV in order to look up the meaning of "heaviness" in the Strong's Exhaustive Concordance of the Bible.) They noted the Hebrew word for "heaviness," is "de'agah, deh-aw-gaw'; from H-1672; anxiety:--care (-fulness), fear, heaviness, sorrow." noun (plural anxieties). The Oxford Dictionary defines it as "a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome."

Selye previously discussed there are positive and negative stress known as Eustress and Distress. However, both can have a negative impact if one takes it to the extreme. This is why Matthew 6:34 (NIV) states: "Therefore do not worry about

tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own." Philippians 4:6-7, "Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus." Peter 5:7(NIV) "Cast all your anxiety on him because he cares for you."

When I think about Hans Selye's concepts of stress and how it impacts humans mentally and physically, theologically I think about the eating of the forbidden fruit that brought spiritual death to the first humans, Adam and Eve. Gen. 2:17 points out, "...but of the tree of the knowledge of good and evil you shall not eat for in the day that you eat of it you shall die." Adam and Eve when they were in the Garden of Eden, God provided everything for them. After the fall, God punished Eve by making childbearing severe with painful labor and Adam with wearisome toil. The Oxford dictionary defines wearisome as an adjective in the following manner: "Causing physical or mental fatigue; tedious or tiresome." Therefore, I contend disobedience, is a form of sin that disconnects us from a relationship with God, but also can bring upon stress. Migliore suggests,

...we misunderstand the depth of sin if we see it merely as a violation of a moral code, a deviation from conventional behavior doing something commonly considered 'bad." Instead, sin is primarily the disruption of our relationship with God. As the Psalmist writes, 'against you, you alone, have I sinned" (Ps. 51:4). This disruption of our relationship with God that is the essence of sin appears in many different forms. Two warrant special mention. Sin may take the form of rejecting God's grace and absolutizing ourselves. Declaring our freedom to be infinite, we proclaim ourselves God. This is the sin of the prideful, titanic, egocentric self. Often referred to simply as the sin of pride, it amounts to active, self-centered idolatry. That is the refusal to recognize the limits of the self and its dependence to God for life and the flourishing of life. ⁵²

⁵² Daniel L. Migliore, Faith Seeking Understanding. (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2004), 151

On the other hand, Capps writes,

The declining importance of sin language today is related to the emergence of the narcissistic personality. Because sin has been so intimately associated with guilt in Christian consciousness, and because traditional Christian theology has been concerned to provide support for this association of sin and guilt, sin has become an irrelevant or, at least, a devalued concept. Clinical writings attest that the narcissist does not experience guilt to any significant degree. ⁵³

Before the fall, humanity was innocent and God states in Gen: 2:25, "And the man and his wife were both naked, and were not ashamed" (NRSV). The final punishment of Adam and Eve from the Garden of Eden was expulsion. Nevertheless, God's mercy through the fall prevailed, not as a judgment, but as mercy. Gen. 3:22-23 notes, "And the Lord God said, "The man has now become like one of us, knowing good and evil. He must not be allowed to reach out his hand and take also from the tree of life and eat, and live forever. So the Lord God banished him from the Garden of Eden to work the ground from which he had been taken" (NRSV). From the beginning, God knew the heart of humans and saved them from themselves by casting them out from the Garden of Eden.

I am convinced that the greatest lie ever told by the devil was to convince people that he does not exist. Many people become stressed because they do not trust God to provide their basic necessities of life. Jesus said, "So do not worry, saying, 'What shall we eat?' or 'What shall we drink?' or 'What shall we wear?' For the pagans run after all these things, and your heavenly Father knows that you need them. But seek first his kingdom and his righteousness, and all these things will be given to you as well. (Matthew 6:31-33, NIV.) This passage is a classic example of why we get stressed in the first place—we worry about providing for ourselves and our loved ones. We stress over

 $^{^{53}}$ Donald Capps. the depleted self: sin in a narcissistic age. (Minneapolis, MN: Fortress Press, 1993), 39

money because we never seem to feel that we have enough. We worry about making ends meet, often living paycheck to paycheck. Or, we become consumed by materialism and in turn, stressed-out about maintaining our lifestyle. Materialism inevitably leads to stress because, when we seek the world's goods, we have fallen for the "deceitfulness of wealth" (Mk. 4:19), the lie that such things relieve stress and lead to happiness, contentment and joy. They do not.

Gen. 3:1 notes, "The serpent more crafty than any other wild animal that the Lord God had made."(NRSV) The serpent was able to deceive Eve by enticing her with the desire of the flesh. In Gen. 3:2; "He said to the woman, "Did God say, 'you shall not eat from any tree in the garden? You will not die for God knows that when you eat of it your eyes will open, and you will be like God, knowing good and evil." To be like God, knowing good and evil was the temptation of pride of riches. The final temptation was the desire of the eyes. Gen: 3:6, "So when the woman saw that tree was good for food, and that was a delight to the eyes, and that the tree was to be desired to make one wise, she took of its fruit and ate, and she also gave some to her husband who was with her, and he ate. Then the eyes of both were opened, and they knew that they were naked, and they sewed fig leaves together and made loincloths for themselves." (NRSV) They covered up their shame and fear with loincloths. Then they hid themselves from the presence of the Lord among the trees in the garden. In Gen. 3:9-10, it asserts, "But the Lord God called to the man, and said to him, "Where are you?" He said, I heard the sound of you in the garden, and I was afraid, because I was naked; and I hid myself" (NRSV). In our times, many people continue to cover-up in their shame and fear that can bring upon stress and burnout. Capps writes,

Even though narcissists are not as burdened with neurotic guilt, they nonetheless do not feel whole, healthy or happy. Were they to feel healthy, then the moralistic indictments of narcissism would be entirely appropriate and justified. But narcissists are burdened, among other things, with a deep, chronic, and often inexplicable sense of shame. Shame has replaced guilt as the experience that causes individuals to feel bad about themselves, to feel that something is seriously wrong with them. They may not use religious language to describe it or be fully aware that through their sense of shame they are experiencing humanity's sinful nature. But, if such awareness is to emerge, then it will result from their struggle to understand their shameful self, with its sense of inner depletedness and of unmet hunger for admiration and approval, and for positive mirroring of their need to idealize self and others.⁵⁴

In order to break the stronghold from some stresses; humanity must begin to walk in spirit and truth. The concept of spirit and truth made me think about something I had read somewhere, "Are we human beings living a spiritual experience; or are we spiritual beings living a human experience?" The word "truth" appears 140 times in the New Revised Standard Bible. John writes in 8:31-32, "Then Jesus said to the Jews who had believed in him, "If you continue in my word, you are truly my disciples, and you will know the truth, and the truth will make you free" (NRSV). However, it is noted "Truth, does not mean general knowledge, but saving truth, because in John 14:6, "Jesus said to him, "I am the way, and the truth, and the life. No one comes to the Father except through me." In verse 31, Jesus says that," If you remain in my word, you are really my disciples." So Jesus is talking about those who listen to his "word." His "word" is spiritual truth, life giving truth. He goes on to compare the sinful human condition to being captive in verse 34. More importantly, because Jesus clearly knew that he was the light of the world as noted in verse 12, he had no reason to try and approve himself as a self-witness as noted in verse 18.

⁵⁴ Ibid., 39

Jesus, later in the same conversation, turns his attention to his enemies, the religious leaders of his day. The ones that were plotting to kill him. He says that their works are wicked. He says in verse 37 that his word was making no progress among them. Their works were dead works. So he is also making the point that the truth would also set one free from these dead works and the false teachings, if they would only listen and obey. So now we see the context of his words at verse 33 where he says, "You will know the truth, and the truth will set you free." The truth that we need to know is that Jesus is truth, spiritual truth. The freedom that we gain from that is salvation from our sinful condition. We also gain freedom from dead works and from false religious teachings.

1Peter 5:6-11 (NIV) gives us some spiritual points that may assist in alleviating stress:

Humble yourselves therefore under the mighty hand of God, so that he may exalt you in due time. Cast all your anxiety on him, because he cares for you. Discipline yourselves, keep alert. Like a roaring lion your adversary the devil prowls around, looking for someone to devour. Resist him, steadfast in your faith, for you know that your brothers and sisters in all the world are undergoing the same kinds of suffering. And after you have suffered for a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, support, strengthen, and establish you. To him be the power forever and ever. Amen.

Likewise, burnout can be perceived as the result of self-reliance. The self-reliant person takes upon themselves, the role of savior rather than trusting God to accomplish His own will. They begin to see every need as their call, rather than asking for God's wisdom and direction. Another cause of burnout is a lack of self-care. Those who do not take care of themselves fail to understand how much God values them. They fail to accept His rest and His love for them, instead martyring themselves on the altar of

pleasing others. They may sacrifice sleep, nourish their bodies poorly, over-extend their schedules, or neglect their needs in other ways. Whether it is a lack of self-care or insistence on self-reliance, burnout stems from a lack of understanding of the character of God and His expectations for our lives.

I am convinced that God is the perfect model of self-care. When God spoke each act of creation into existence, after each construction God paused and "saw that it was good." The New Revised Standard Version notes, "Where individual elements of creation were "good" (vv. 4, 10, etc.), the whole is very good, perfectly corresponding to God's intention." Sometimes we should encourage ourselves by speaking positive thoughts to ourselves. Some people have a stream of self-talk going on that denigrates their self-worth day after day, week after week, month after month, year after year. Others have thoughts of anger and false imaginations against the evil that they imagine others are doing. Yet others have thoughts of utter vanity, of grandeur, of lust, of various fantasies and these all influence their words, actions and ambitions that increase their stress levels. From the abundance of the heart, the mouth speaks. So "guard your heart, for everything you do flows from it" (Prov. 4:23 NIV). Therefore, we are told to speak the truth in one's heart.

Then we find in Gen.2:3 it is written, "So God blessed the seventh day and hallowed it because on it God rested from all the work that he had done in creation."

Jesus also took the time to retreat to a quiet place for rest and renewal after a long day of ministering (Mk. 1:35 NIV). Before we can care for others, we must first care for ourselves by healing ourselves, which is in alignment with what Lk. 4:23 NIV states, "Physician, heal yourself!" In healing ourselves, we must be in alignment with the one

who is the ultimate healer and the author of our faith. As the creator, who created us in their image, we must be in that place of knowing what Paul writes in Phil. 4:11-13 NIV: I am not saying this because I am in need, for I have learned to be content whatever the circumstances. I know what it is to be in need, and I know what it is to have plenty. I have learned the secret of being content in any and every situation, whether well fed or hungry, whether living in plenty or in want, [whether it is in health or sickness,] I can do all this through him who gives me strength.

CHAPTER 5

RESEARCH QUESTION 2

What is the Purpose of a Wellness Center?

The purpose of a Wellness Center is to bring focus on the reduction of health risks. However, a wellness center must also ensure that the issues that are being addressed in the center are consistent with the needs and common problems of the work groups being serviced. It takes more than physical exercise to maintain exceptional health. I contend that balance is the key to leading a healthy lifestyle. According to the online Oxford Dictionary, Wellness is defined as, "the state or condition of being in good physical and mental health: when you come right down to it, stress affects every aspect of wellness." Therefore, wellness is a positive process of becoming aware and taking full responsibility for self. It requires making choices that contribute to one's well-being that integrates the body, mind and spirit and the ongoing development of one's own meaning of life. Furthermore, the purpose of a wellness center is not to reinvent the wheel by duplicating things that are already in place, but expounding on those things that are needed.

Clinical Counselors that do not place limitations on their own immortality can burnout. In contrast, self-care is not about being self-centered, but more accurately about

⁵⁵ oxforddictionaries.com/us/definition/american_english/wellness, (Accessed June 12, 2013)

stewardship of your mind, body and spirit. This allows one to effectively serve others. Hippocrates was known as the father of western medicine and his philosophy focused on the basic concepts of healthy living. He is the most influential figure in Greek medicine. In an article written by Raphael Hulkower of the Albert Einstein College of Medicine, he points out, "Nearly all medical schools incorporate some form of the professional medical oath into their graduation ceremonies. The oldest and most popular of these oaths is the Hippocratic Oath, composed more than 2,400 years ago. . . The Hippocratic Oath is an ancient Greek document simply titled "Oath" and is the oldest and most well-known medical oath. Some of The Hippocrates quotes encompass his holistic approach, and approximately 2,500 years later it, resonates with us today. Truly the word, as noted in Eccl. 1:9 NIV has come to fruition; "What has been will be again, what has been done will be done again; there is nothing new under the sun." I have noted below, some of Hippocrates quotes from The Shine on Health website.

Everyone has a doctor in him or her; we just have to help it in its work. The natural healing force within each one of us is the greatest force in getting well. Our food should be our medicine. Our medicine should be our food. But to eat when you are sick is to feed your sickness.

It is more important to know what sort of person has a disease than to know what sort of disease a person has.

Walking is [hu]man's best medicine.

If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.

Natural forces within us are the true healers of disease.⁵⁷

⁵⁶ Raphgael Hulkower, *The History of the Hippocratic Oath: Outdated, Inauthentic, and Yet Still Relevant Commentary.* (Bronx, NY: The Einstein Journal of Biology and Medicine, Albert Einstein College of Medicine, 2009/2010; Volume 25/26), 41(accessed June 25, 2013)

⁵⁷ theshineonhealth.com/index.php?p=1 15, (accessed June 25, 2013)

Margaret Kornfeld states,

The truth of the many discoveries of the interconnection of mind-body-soul has been filtering into the culture, unsettling it, freeing it, healing it. This paradigmatic shift is not actually about a new fact or theory or idea, it about the transformation of consciousness. Although we see something new, we are really discerning a transforming unity that has always been possible for humankind.

This unity was once actually known. The ancient Near Eastern people knew it. Those who have studied the Hebrew Bible have learned about the Hebrew concept of the corporate personality: the properties of mind and soul are encoded in the Hebrew names of body parts. So *ruah*, "breath," also meant "spirit" – including the Spirit of Yahweh. And *leb*, "heart," also meant "understanding." One thought with one's heart. ... Ancient Far Eastern people also shared this understanding. Like the Hebrew, the Chinese word for breath, *chi*, means "spirit."

Our growing awareness of holism is causing us to reassess our attitude toward beliefs we have dismissed "primitive." We are now appreciating that the people of Africa, for instance, intuited the Life Force in all of creation in a manner that was a precursor of modern physics. As African-Americans are rediscovering their roots, they have the possibility of embracing a more holistic approach to living. We can also find this wisdom in Native American beliefs.⁵⁸

Today many practitioners have begun to listen and hear the complaints of their patients who oppose pushing prescription drugs. Many of these drugs have had an adverse effect, causing addictive behavior to self and oftentimes to members of their family. Practitioners in the medical fields as well as other professional medical fields i.e., psychiatric, psychologists, chaplains, etc., have begun to find ways to bring balance by using various fields of non-traditional methods. It has created a partnership whereby patients and various practitioners from diversify backgrounds find preventive ways to address the whole person. Joan Whaley Gallup suggests,

The entrepreneurial spirit is alive in America and is influencing, in a very beneficial way, the quality of life in this country. This is the first country to pursue with vigor preventive medicine, borrowing the best research, practical knowledge, traditional practices, and innovation from other countries and

62

⁵⁸ Margaret Kornfeld, Cultivating Wholeness, A Guide to Cure and Counseling Faith Communities (New York: Continuum International Publishing Group, 1998), 9

cultures. The wellness center, and indeed the whole movement toward complementary medicine, borrows the best from the entire pool of knowledge and blends its techniques and practices with the best of advance traditional medical practices.

This holistic approach, incorporating what is good and beneficial in traditional or "hard" medicine and in alternative medicine, is expressed physical form in the wellness center. Many posit that the wellness center will become the hospital of the twenty-first century.⁵⁹

Paula K. Jilanis purports,

"Health" and "wellness" are two terms that <u>have been used</u> interchangeably for many years. They are increasingly viewed as partners in our lives rather than adversaries. For me, health is defined as living the best I can day to day, given my physical, emotional, mental, and spiritual life. Here are few classic definitions of health and wellness.

- 1. Health is not freedom from the inevitability of death, disease, unhappiness, and stress, but rather the ability to cope with them in a competent way" (Illich 1976).
- 2. Health can be redefined as the manner in which we live well despite our inescapable illnesses, disabilities, and trauma" (Morris 2007).
- 3. Wellness is an attitude and an approach to life working toward integration of physical, mental, emotional, social, and spiritual well-being, leading to a richer quality of life (Robison 2003).
- 4. Wellness is the integration balance, and harmony of mind, body, spirit, and emotions that leads to optimal well-being, where the whole is greater than the sum of its parts (Seward (2001).

We are coming to a greater understanding of the importance our relationship to the world and to all aspects of our very being—our connectedness. To me, wellness is my attitude regarding how I live my life and how I bring all of its many aspects into a harmonious integration."⁶⁰

To be in harmony with oneself, it requires that we listen to our body. For me, this practice began when I was stricken with 3rd Stage Lung Cancer. Working alongside with

⁵⁹ Joan Whaley Gallup. Wellness Centers: A Guide for the Design Professional. (New York, NY: John Wiley & Sons, Inc. 1999), 4

 $^{^{60}}$ Paula K. Jilanis. A Guide to Creating Your Wellness Center. Bloomington, IN. Universe, Inc. 2011), 2-3

my Oncologist, who has since become a spiritual guide through this journey, she allowed me to express my authentic feelings about my body. Such as the various pains that I encountered, or when I did not feel any pain. When God began to heal my body from within, I listened to my body's response each time God delivered from my sickness. My Oncologist confirmed my thoughts. This allowed me to stand still as God continued to heal me. Jilanis emphasizes,

Our bodies work naturally to maintain balance. If we move out of balance and move away from our true nature, our bodies give us messages to call us back to that balance. "If we don't get the messages in subtle ways, our bodies will start to speak more loudly until we hear it" (Hay 1987). "We must take time to listen because how we perceive our health has a direct impact on our health" (Idel and Kasl 1991)."

Consequently, consumers are seeking alternatives when it comes to their health care. They are opting as noted by Anne B. Martin, et.al, "People decided to forgo care or seek less costly alternatives that they would otherwise have used." Joan Whaley Gallup reports "From1972 to 1999, just over 350 wellness centers have been built, and today it is projected by the year 2000 there will be 700 centers in the United States. The trend of recent years in moving healthcare out of the acute hospital setting hospital setting toward more outpatient facilities can be projected even further: There is already talk in the industry of "virtual hospitals." When consumers watch television programs i.e. The Doctors, Dr. Oz, etc., this is a form of virtual hospital via media. Virtual hospitals are a digital library of medical doctors that the consumer can access on-line and ask medical questions. Nevertheless, with all of this information at our disposal, it is imperative that

⁶¹ Ibid.. 3

⁶² thinkprogress.org/wp-content/uploads/2012/01/2011-1135_p2.pdf, (Accessed June 28, 2013)

⁶³ Joan Whaley Gallup. Wellness Centers: A Guide for the Design Professional. (New York, NY: John Wiley & Sons, Inc. 1999), 5

consumers continue to visit their doctors or health providers for annual checkups and not when we just feel ill.

CHAPTER 6

RESEARCH QUESTION 3

In the United States, the rising cost of medical care has many organizations struggling to become innovative in saving dollars. Towards this end, how can the creation of an on-site wellness center be favorable in lowering the cost of health benefits for the employer while benefiting its employees?

In the United States we are facing an epidemic that is largely attributed to our unhealthy lifestyle practices. Towards this end, wellness has become a hot topic and wellness centers are springing up in hospitals, clinics, fitness centers and SPAs.

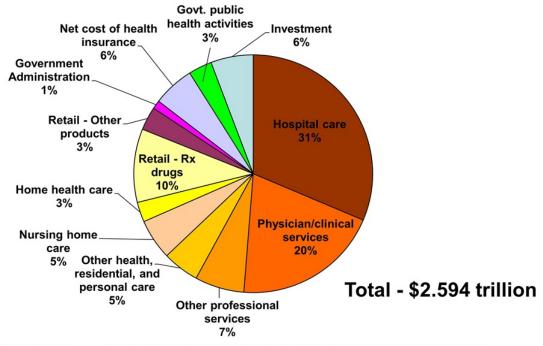
According to Anne B Martin, et al., in an article named, Growth In US Health spending remained Slow in 2010; Health Share of Gross Domestic Product Changed from 2009. They purport that...

Health expenditures in the United States neared \$2.6 trillion in 2010, over ten times the \$256 billion spent in 1980. The rate of growth in recent years has slowed relative to the late 1990s and early 2000s, but is still expected to grow faster than national income over the foreseeable future. Addressing this growing burden continues to be a major policy priority. Furthermore, the United States has been in a recession for much of the past decade, resulting in higher unemployment and lower incomes for many Americans. These conditions have put even more attention on health spending and affordability. ⁶⁴

⁶⁴ thinkprogress.org/wp-content/uploads/2012/01/2011-1135_p2.pdf, (Accessed June 28, 2013)

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National Health Expenditures, 2010



Source: Martin A.B. et. al., "Growth In US Health Spending Remained Slow in 2010; Health Share of Gross Domestic Product Was Unchanged from 2009," *Health Affairs*, 2012.

Even though people debate that the rising cost of health care must be controlled, there seems to be disagreements what is driving health care expenditures? For example, President Obama wanted to assist those Americans who do not have access to affordable health insurance. Therefore, when he came into office, his administration and some of the Democratic Party began to plan health care reform. This reform met apprehension stemming from various sources, and began naming the initiative, ObamaCare. The official name is the Patient Protection and Affordable Care Act. The ObamaCare bill was signed into law by President Barack Obama on March 23, 2010. According to ObamaCare Facts: Facts on the Obama Health Care Plan website, they contend, "One of the major things ObamaCare does is help these individuals to get health insurance

through expanding Medicaid and Medicare and offering assistance to Americans who cannot currently afford healthcare." However, on the other side of the argument is the cost to everyone, whether it is consumers, doctors, or insurance companies; because when it all comes down to it, most look at finance. Unfortunately, the benefits of Obamacare do not go into full effect until 2014, so there are not yet testimonials from enthusiastic, or the beneficial impact from the reform.

Still, some of these differences stem from technology, prescription drugs; longer life spans that may increase the rise in chronic diseases and other administrative costs continue to plague the system. Joan Whaley Gallup writes,

As baby boomers age and technology progresses, we will continue to see acute care facilities ministering to the very ill. At the same time, technological advances are enabling people with cardiac problems, diabetes, and other so-called chronic challenges to live longer, so there is a natural need in the system to provide pleasant and affordable chronic and rehabilitative care environments. ⁶⁶

As technology improves our everyday lives, new developments are constantly infiltrating our lives. Whether it is the way we shop, how we communicate with friends, the job one do, or the way we travel, technology is transforming the way be behave.

Take healthcare for example, breakthroughs in information such as gathering information, security measures, research, treatments and communications have given medical providers new tools to work with and fresh ways to practice medicine. However, these tools come with a high price to implement, and minimum return. Gallup contends,

As former competitors become collaborators, enabling greater freedom in the delivery of healthcare, the question at hand is, is the linking of all patient information records a viable process?

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⁶⁵ obamacarefacts.com/whatis-obamacare.php (Accessed July 16, 2013)

⁶⁶ Joan Whaley Gallup. Wellness Centers: A Guide for the Design Professional. (New York, NY: John Wiley & Sons, Inc. 1999), Preface/1x

According to the National Committee on Quality Assurance, as quoted in a recent Healthcare Forum Journal (HFJ) article by Nat Heimoff, the evolution of the linking of healthcare patient information may be as follows:

- 1. Standardize the set of data elements collected by all health plans and providers.
- 2. Link all systems.
- 3. Standardize the way all information is defined and encoded.
- 4. Screen and monitor all data constantly.
- 5. Build protocols that ensure confidentiality and security of patient records.
- 6. Fully automated patient record keeping.
- 7. Share data completely among health plans, providers, and public agencies in support of performance measurement and improvement.⁶⁷

By using some of the aforementioned linkages, this can reduce fraud in many systems, which can also reduce healthcare cost. Additionally, the internet has become a main source for researching medical information. This has empowered patients to make informed decisions and prepare them to ask the appropriate questions to their healthcare providers.

Another way technology is improving the healthcare environment is through new machines, medicines, and treatments that are saving lives and improving the chance of recovery for many people. Many healthcare facilities are able to access a patient's records efficiently by accessing them through the computer. Computerizing patient's records help to save the earth environment by alleviating paper. Even the IPAD is a useful tool for many doctors. My doctor attends many conferences by using her IPAD from her desk. The use of e-mail, texting, videos allows doctors to consult with colleagues from all over the world. This is known as Telemedicine.

Therefore, as we forge forth towards the twenty-first century, technology will continue to be instrumental to society. However, like any new technology there will

69

⁶⁷ Ibid., 12-13

always be challenges to overcome such as hackers that will steal people's identities by illegally accessing a patient's confidential information.

When we discuss prescription drugs, it is those drugs that can be obtained only by means of a physician's prescription. The study conducted by Anne B Martin, et al, suggests that the

Total US retail spending on prescription drugs accounted for the third-largest share—10 percent of—total national health spending, after hospital spending and spending on physician and clinical services. In 2010, total retail prescription drug spending grew only 1.2 percent, to \$259.1 billion. This historically low rate of growth in 2010 was driven by slower growth in the volume of drugs consumed, a continuing increase in the use of generic medications, the loss of patent protection for certain brand-name drugs, fewer new drug introductions than in previous years, ²⁰ and an increase in Medicaid prescription drug rebates.

The volume of prescription medicines consume increased at a historically low rate in 2010, with slower or declining demand recorded in nearly every major therapy area. The number of prescriptions dispensed increased only 1.2 percent in 2010—a deceleration from 2.1 percent in 2009. Similar to its effect on physician and clinical services pending, the decline in a visit to physician offices contributed to slower growth in retail prescription drug purchase in 2010. ⁶⁸

These figures may be attributed to consumers having choices through alternative medicine as noted by Gallup, "In 1988, Presbyterian Behavioral Health opened its Center for Integrative Medicine in Charlotte, North Carolina. The center offers alternative healing options. Patients may engage in touch therapy, yoga, stress management courses, meditation, and hypnotherapy. The Duke Endowment has given the center a grant of \$100 million." However, she also points out that many people in the

...western culture are trained to go to the doctor only when they have reached a crisis of some kind. Something has to hurt enough for them to take the time to go to a physician. Managed care, perhaps, amplifies this thinking: doctors have an

 $^{^{68}\} thinkprogress.org/wp-content/uploads/2012/01/2011-1135_p2.pdf,\ (Accessed\ June\ 28,\ 2013)$

⁶⁹ Joan Whaley Gallup. Wellness Centers: A Guide for the Design Professional. (New York, NY: John Wiley & Sons, Inc. 1999), 37

incentive to order drugs over the phone for patients in this care rather insisting on seeing them because, of course, they are allotted a certain amount of reimbursement per patient per year. When they allow a patient an office visit, they carefully contrive to ask quick questions that demand quick answers; their reimbursement codes require them to elaborate on any office visit beyond the allowed 15-minute limit.

Questions about a person's life-style, eating and sleeping habits, and state of mind rarely enter into this short exchange between healer and patient. Only the most highly attuned physician may be able to sense a greater context in which to view the patient's complaint. Manage care; in general, does not make room for whole patient care. ⁷⁰

As consumers become conscious about changing their lifestyle, and accepting responsibilities for their roles regarding their health, costs for health care can decrease. It is imperative that we take part in this endeavor as it is self-responsibility. When we make healthy choices that prolong one's health, it extends our lives. Following some regimen of activities such as eating, exercising, mediating, and resting many people are living longer life spans. Additionally, new medicine and equipment that are able diagnose quickly many symptoms are also attributing factors that help to extend life. Jilanis suggests, "Integrative medicine as defined by the American Association of Integrative Medicine is a dynamic alliance combining approaches to health care. The alliance includes the practice of conventional, natural, alternative, complementary, and herbal remedies. This approach is often referred to as holistic medicine or alternative medicine." These alternatives or the practice of holistic medicines are being utilized in many wellness centers across the country.

Towards this end, when businesses invest in their employees by promoting the general adage that employee health is good business by creating various types of wellness

⁷¹ Paula K. Jilanis. *A Guide to Creating Your Wellness Center* (Bloomington, IN. Universe, Inc. 2011), 63

⁷⁰ Ibid., 50

on-site centers, or incorporating the program through other human resources components, i.e., Employee Assistance Programs (EAP) or Quality of Work Life programs. Healthy employees are more productive, able to meet unexpected demands better, deal with stress better, are absent less, reflect better on the company as exemplars, and so forth.

CHAPTER 7

MINISTERIAL COMPETENCIES

In reviewing the ministerial competencies that were identified by my Site Team members, were in areas of Pastoral Skills, Interpersonal Skills and Administrator.

Pastoral Care is being able to engage other persons with understanding and assess behaviors, knowledge, skills, and abilities that directly and positively impact the success of pastoral counselors and their clients. It is being able to show the compassion of Christ while being sensitive to various cultures and environment. The Site Team felt that I needed to work on knowing my boundaries and request assistance when I overreached my limits. Consequently, the four core counseling competencies unique to this project are limited to the following:

- 1. Knowing yourself to guide people
- 2. Developing my style to connect with people
- Constructing strategies to help clinical counselors become aware of stress, burnout and its impact.
- 4. Building a plan for self-care

During this project, I was diagnosed with a brain tumor and had to have immediate surgery. The prognosis the doctor's told my family, before the surgery I would have to be in rehabilitation for several months in order to learn how to walk and talk.

However, the God prognosis was "I will sustain you." After the surgery, I was walking and talking. To God be the Glory. I became aware of what self-care meant to me.

During the training of self-care, I shared my story with the group.

In the package that I distributed to the group was a 28-Day Journal. When one can identify what stressors impact their lives, then they are able to plan for self-care. I learned that competencies can be an objective measure, enhanced, and improved through life learning opportunities.

The Site Team agreed that I needed to work on my interpersonal communication skills. They defined interpersonal skills as a process where information is exchanged through feelings whether it is through verbal or non-verbal communication. They suggested, the words being said, and sometimes the tone of voice, body language as well as gestures and facial expressions is a part of interpersonal communication. They stated my facial expressions needed some work. However, my verbal communication skills are excellent. I have a tendency to express my emotions through facial expressions. In other words, I should not play poker because my enthusiasm is displayed in my face. I explained to the site team that my facial expressions are my way of trying to grasp an understanding if I do not comprehend; I am in agreement or disagree with what the person is stating. However, in no way am I trying to be offensive to anyone.

Nevertheless, I have attempted to work on this skill by selecting my words carefully, but more importantly knowing your audience. I have also recognized that I do not have to respond to everything, but listen to other people's views and opinions. Facilitating the training for stress, burnout and self-care, it has afforded me the opportunity to communicate effectively within groups and learn some ideas from others.

These sessions were videotaped. When I reviewed the compact disc I was able to assess myself. I continue to practice my interpersonal skills and improve my understanding of self and others.

Finally, the Site Team wanted me to work on the area of Administrator as it related to understanding other people's points of view. I can see other people's points of view; however, I have a tendency to seek further clarity. This does not always make people feel comfortable. Perceiving things differently helps me to gain an understanding in resolving conflicts and reduce miscommunication.

At the training as the participants were entering, I asked the trainees not sit at a table with their acquaintances. However, I noticed that they did not sit with people that they did not know. For the icebreaker, I asked each participant to introduce themselves and tell me their profession and why they choose this vocation? It was intriguing to listen to how they identified themselves. First was through their name, their organization, job title, and some noted their ethnicity. I thought this was interesting, but I did not ask for elaboration. I had remembered the critique of the Site Team of allowing others to have their own opinion, does not always require that I have to respond. I felt okay with not responding, but I also wanted to know, for myself, why some people felt it necessary to note their cultures. I think exploring culture differences helps to increase communication between people of different beliefs. Nevertheless, during lunch I circulated with the participants in an attempt to develop a greater awareness of just how many different ways people perceive stress, burnout and self-care.

I shared some of my personal experiences because I believe it helps to shapes one's perception. Furthermore, it afforded the participants to feel comfortable to have an

open-dialogue about their personal experiences that have influenced them. At the end of the training stated they felt extremely comfortable and relaxed.

I know that I have grown from this process. I know I continue to be shaped and molded by God as Jer. 18:3-6 NIV notes,

So I went down to the potter's house, and I saw him working at the wheel. But the pot he was shaping from the clay was marred in his hands; so the potter formed it into another pot, shaping it as seemed best to him. Then the word of the Lord came to me. He said, "Can I not do with you, Israel, as this potter does?" declares the Lord. "Like clay in the hand of the potter, so are you in my hand, Israel.

CHAPTER 8

TRAINING METHODS

I purchased tote bags for all the participants and inside the bags were two doubled folders. The red folders were for stress information and yellow for burnout handouts. On the left inside stress folder was an Informed Consent Form (Appendices 4 & 5). It also included Bio Dots (Appendix 6), stress self-assessment quiz (Appendices 7 & 8), Interpretation for scoring the SRRS Stress Self-Assessment (Appendix 9), The Stress Management Journal 28 Days Stress Mastery (Appendices 10-42), a Vicarious Traumatization Chart (Appendix 43), Signs and Symptoms of Vicarious Traumatization (Appendix 44), Sexual Addiction Cycle (Appendix 45), and Are you a sex addict quiz (Appendices 46-48), which I asked them to complete at home during their leisure time. We discussed sex as a form of stress as it relates to transference. Finally, there was a chart on Eustress vs. Stress (Appendix 49). There was an evaluation form to complete after the training session on the facilitator. Placed inside the right hand side of the folder were a small note pad, ink pen, and a calculator. The following handouts were also included (Appendices 50-59):

- Take Your Stress Inventory
- Early Warning Signs of Too Much Stress
- Fight o Flight at Work
- Identifying Sources of Job Stress
- Type A Personality: Are You Suffering from Hurry Sickness?
- When It comes to Stress: The Goal is Control
- Stress Inoculation
- Getting Help with Stress: Building a Support Network

- Empowering Yourself to Combat Stress
- Stress Hardiness & The 3 C's

I created a PowerPoint presentation; however, the laptop kept freezing. I was glad that I had printed a hard copy of the entire training sessions.

The session began with the participants having a continental breakfast and becoming acquainted. I asked that they do not sit with their co-workers. I introduced myself and the Site Team. I asked each participant to state their name, what is the name of their program, what was their job function, and why did they choose this particular career. All of the participants stated that they wanted to help others. I told them I was glad to hear them say that they enjoy helping others. I stated that I needed their assistance as I am a candidate for a Doctorate. This training is partial fulfillment for my degree. I advised them that my goal is to create, in a TC, an on-site Wellness Center for clinical counselors. The purpose is to help reduce stress and burnout by using various self-care techniques. However, before I begin, I need each person to sign the Informed Consent Form, which allows me to videotape and tape record all of the sessions. I further advised the participants if they choose to use a pseudonym, please note it in the available space on the consent form. All of the participants signed the forms and the Site Team collected the documents.

With the logistics out of the way, in order to break the ice, I used Oswald's suggestion of purchasing Bio-Dots Card. The Bio-Dot card was placed in all three folders. The Bio-Dots wallet size Card has the dots embedded in the card, and the Dots are self-adhesive. Bio-dots is a rudimentary biofeedback device that detects one's body temperature changes when we are under stress. Under stress, muscles tense, restricted blood flow to the main body and shut down from the hands and feet. The Bio-Dots and

the Dots on the Card will change colors, based on the body temperature, which is a test of the stress level. Oswald asserts, black – very tense, amber-tense, yellow-unsettled, green-involved (normal) turquoise- relaxing, blue-calm and violet-very relaxed." This icebreaker allowed the participants to share their findings among the group.

I asked the group to complete The Holmes and Rahe Stress Scale Self-Assessment stress assessment as a pre-test to see what they already knew about stress. Using the calculator that was in their bag, they totaled their values for the boxes they selected. They deduced their scores, according to the interpretation of the SSRS. In conjunction with Selye's theory of General Adaptation Syndrome, I analyzed that the score of less than <150 would constitute the Alarm Stage. The score of 150-299 depicts the Resistance Stage. Finally, the score of 300+ is the Exhaustion Stage. The stress selfassessment is a helpful tool for the Clinical Counselors. It helped them identify areas that trigger stress. It can also introduce new effects they may not have been cognizant. They may want to pay closer attention to these aspects and develop or adopt new self-care techniques. A participant asked what is the primary reason contributed to stress? I advised them that many people support society's dogma of hard work. However, working harder is not necessary, smarter. Longer hours have been the primary stressor for many people. These were some of the stressors the group noted: workload, daily commutes, co-workers, family and those endless daily tasks can add up to a serious stress problem. One participant indicated some people are willing to sacrifice self for promotions or to receive the accolades of their employers by working the longer hours. They find the pressure of maintaining and sustaining these standards can produce chronic

⁷² Roy M. Oswald, *Clergy Self-Care: Finding A Balance for Effective Ministry* (Herndon, VA: Alban Institute Publication, 1995), 116.

stress that can lead to burnout that will jeopardize their health. I advised the group there are only seven days in the week. The weekend offers us a two-day respite from the stresses of all those long days. However, on those two days of rest, many people do not take time for self-care. She concurred by stating, rest – is a necessity!

The group discussed various concepts of stressors, i.e., negativity vs. positive reinforcement. Many of the participants shared their experiences of how others place their stress upon them. One person shared how a co-worker comes to her desk every morning and complains. Once she finishes she goes back to her desk. The participant stated, "She was feeling great before this person sat at her desk." We continued to discuss the aforementioned topics regarding stress. I asked them to take out The Stress Management Journal 28 Days Stress Mastery. The purpose of the journal is to help them to identify the underlying cause of stress in their lives and make connections. I asked them to commit to writing in the journal for 28 days.

I explained to them that journaling can benefit individuals by processing their thoughts and hearing the advice and encouragement of their wisest, most loving self. Writing slows down your thought process, which clearly allows one's thinking to process with clarity. It can help to focus your mind with sharper accuracy, enabling the person hear the voice of their soul. Joyce Meyers acknowledges, which I agree, "the mind is the battlefield." Therefore, journaling helps the individual to remove the critical garbage from their mind by expressing those feelings. When writing in a journal, one can explore any doubts, fears and confusion. Getting it all out on paper will help to gain insights, clarity and understanding. Caputo reasons,

A personal journal helps one to express your feelings in a private way and also gives one a precise record to track actual progress and patterns of stress. It can be

easy to get bogged down in problems when one is a burnout victim. Having a record of good times may assist one in keeping your spirits up. Chronic stressors are sometimes difficult to define, and a journal may also help one see patterns that one may miss in the need to respond to continuous crisis.⁷³

We discussed Secondary Traumatic Stress, Compassion Fatigue, transference and countertransference, how does stress impact and trigger sexual addiction, Sexual Addiction Cycle and the take home self-test. We discussed Eustress vs. Stress, and broke for lunch.

After lunch, I asked them to define burnout. I asked them to complete the Burnout Quotient Self-Assessment (Appendix 62), which measures potential burnout. Janette S. Caputo notes, "[It has] been devised to help individuals measure their risk for burnout by obtaining quotient scores. The Personal Burnout Quotient, or PBQ, measures the potential for burnout no matter where an individual chooses to work." Furthermore, "the score suggests your level of risk for potential burnout on the basis of your current habits and beliefs."⁷⁴ Once burnout is identified and accepted, some changes may be necessary, but it also takes time to correct and modify the behavior.

Caputo points out, "You are the only person who can really decide whether you are burning out. To explore this possibility, you need feedback from other people in addition to extensive self-mentoring for the signs and symptoms of burnout."⁷⁵ Once they completed the pre-test, and totaled their scores using the he PBO Self-Assessment interpretation (Appendix 63), we discussed the results. I created to groups played a game by asking each team to define the difference between stress and burnout (Appendix **64)**. Inside the folder was a handout as noted by Muldary's 1983 graphic impressions

⁷³Janette S. Caputo, STRESS and BURNOUT in Library Service (Phoenix, AZ: Oryx Press, 1991), 126
74 Ibid., 79

⁷⁵ Ibid., 80

describing the concept of burnout (**Appendix 65**). To further illustrate the concept of burnout, a handout showing how treatment for drug addiction during the Mid-Century (after World War II) included shock treatment or psychosurgery (prefrontal lobotomies) and prolonged institutionalization (**Appendix 66**). We discussed the 4 warning signs of burnout (**Appendix 67**), and the systemic factors that increase vulnerability for many counselors. The folder included various articles (**Appendices 68-82**):

- Are You At Risk for Burnout?
- Managing Stress Through Empowerment
- Women and Stress At Work Part 1
- Women and Stress at Work Part 2
- Coping with a Difficult Boss Page 1
- Coping with a Difficult Boss Page 2
- Testing Your Temper, How Short is Your Fuse?
- Determining Your Goals
- Determining Your Values
- Job Stress & Burnout Prevention
- Taking Care of #1 By Focusing on Quadrant 2
- Defining Yourself and Your Role At Work
- What To Do If Your Are Suffering From

There was an open discussion and they completed the evaluation form (**Appendix 86**). I left the remaining time for any questions.

On Friday, June 21, 2013, the training involved Self-Care for the Mind, Body and Spirit. The Site Team and the group participated in a continental breakfast. The site team divided the group into two. Each Site Team member did ice-breakers with the group, reviewing the topics of stress and burnout. They practiced self-care techniques to reduce stress and burnout with the groups. The participants completed the pre-assessment test on Self-Care. The self-assessment self-care tool was extracted from the website for the Peer Education & Evaluation Resource Center, Building Blocks to Peer Success. Accordingly,

The Peer Center is a collaboration between the Boston University School of Public Health's Health and Disability Working Group and the Justice Resource Institute (JRI). We provide experience and expertise in implementing peer programs through three national peer education, training and capacity-building sites:" However, the PEER Center project ended in August 2011." They affirm that this handout was adopted from Transforming the Pain: A Workbook on Vicarious Traumatization by Karen Saakvitne and Laurie Anne Pearlman published in 1996 by TSI Staff. ⁷⁶

This particular module comes with an instruction sheet that is self-explanatory. However, Karen Saakvitne and Laurie Anne Pearlman asserts,

Given the physical, psychological, spiritual, and emotional stresses of our work, there isn't one of us who doesn't need to improvement in some area of self-care. Caregivers are notoriously poor at self-care to begin with—and too often get worse rather than better as their work responsibilities increase. [Furthermore,] they note the worksheet is "for assessing self-care is not exhaustive, merely suggestive."

They also completed the Wellness Survey (**Appendices 160-161**) and the site team collected the documents.

The site team distributed the training material that consisted of a blue two-sided pocket folder. Inside the folder were Pamphlet on Basic Self-Care (Appendices 91-92), Self-Assessment Tool (Appendices 87-90), Creating Balance for Self-Care Chart (Appendix 93), Encouragement for the Mind, Body and Spirit (Appendix 94), Three Easy Exercise You Can Do At Your Desk (Appendix 95), Stress Management (Appendix 96), 20 Things I Have To Be Grateful For (Appendix 97), a quote from Judy Garland (Appendix 98), and Faith Stones (Appendix 99). We used another laptop for the PowerPoint presentation, but it was not operational. Again, I taught from the printout version of the PowerPoint presentation. I then introduced the guest facilitators. Figure 2

 $^{^{76}}$ Peer.hdwg.org/.../7b%20Self-AssessmetToolSelfCare-PeerRole-Peer_(Accessed November 12, 2012)

⁷⁷ Karen W. Saakvitne, & Laurie A. Pearlman. *Transforming the Pain*. (New York, NY: W. W. Norton & Company, 1996) 61.

is the Program for day two of the training. It consisted of the following facilitators that had 15 minutes to discuss how their expertise promotes self-care for the mind, body and spirit.

Figure 2: Program for Self-Care of the Mind, Body and Spirit

Self-Care for the Mind, Body and Spirit		Islam	Abdul-Karim Pinckney, Imam
Breakfast Site Team: Ice Breakers	Vanessa Howell Hazel Worley	Judaism	Mr. Murray Kaplan J-CAP Outreach Coordinator
PowerPoint Presentation on Self-Care Techniques	Felicia Y. Pinckney	Aroma Therapy using oils	Antoinette Pinckney
Introduction of Guest Spe Life Skills through Poetry		Aroma Candles by Mia Bella's:	Ms. Missy
Nutrition	Ruth Sypher, R.N.	Final Comments	Felicia Y. Pinckney
Empress Royal Tea:	Empress Armstead- Henderson	Presentations of	f Certificates to Participants
Spirituality Hinduism	Sarita Patel & Devany	the part Alfre	Lunch Serve give special thanks to all of icipants, the Site Team, d George and my sister, Letitia Pinckney.
Christianity Berean Baptist Church, Brooklyn, NY	Joanna Fletcher, Minister	E.	Be Well!

Oftentimes, many people view pampering one's self as self-care and can be perceived as self-care. However, when people spend money on things that they cannot afford, and find themselves in debt, this is over indulgence. Proverbs 22:7 states, "The rich rules over the poor, and the borrower is the slave of the lender (NRSV). When bill collectors are knocking at your door and calling day and night, this can cause stress. This will lead to burnout if one finds themselves with insurmountable debts.

Self-care is about balancing one's life from stress that can lead to burnout. Job writes, in verses 31:5-6, "If I have walked with falsehood, and my foot has hurried to

deceit—let me be weighed in a just balance, and let God know my integrity!" (NRSV)

The purpose of the Self-Care assessment can be used to examine the ways in which we are practicing self-care, and whether there are imbalances across different domains of well-being. Christina Maslach states,

If all knowledge and advice about how to beat burnout could be summed up in one word that word would be *balance*. Balance between giving and getting, balance between stress and calm, balance between work and home – these stands in clear contrast to the overload..." Additionally, "...giving of yourself must be balanced with giving to yourself. Making yourself strong, knowledgeable, and in good spirits makes you a better provider for those in need.⁷⁸

In the future, it may give us ideas for additional things that we can do towards preventing stress, burnout and compassion fatigue.

The facilitators concentrated on self-care techniques that build up the Mind, Body and Spirit. When these three components are healthy we can come into a place of stability. Paul writes in Romans 8:6, "To set the mind on the flesh is death, but to set the mind on the Spirit is life and peace." (NRSV) The commentary notes, "Paul thinks, not of a sharp dualism of "spirit' or "mind" over body, but of different dispositions of the mind (vy. 5-7) corresponding to different ways of comforting one's body." "

Caring for one's intellectual self (**mind**) relates to how individuals think about things and one's reactions to situations in life. When you have a positive perspective on how one perceives self, recognizing their strengths, capitalizing on their individual gifts and talents, they are exercising positive reinforcements in their mind. Mathieu points out a quote by Laura van Dernoot Lipsky, "When we keep ourselves numbed out on adrenaline or overworking or cynicism, we do not have an accurate internal gauge of

⁷⁸ Christina Maslach.. *BURNOUT, the Cost of Caring*. (Cambridge, MA: Malor Books, 2003), 240.

⁷⁹ Michael D. Coogan, Ed. *The New Oxford Annotated Bible 3rd Ed, with the Apocryphal/Deuterocanonical Books.* (Oxford, NY: Oxford University Press, 2001) 254 NT

ourselves and our needs."⁸⁰ I will be using the following practices of self-care for the mind:

Hobbies – is an activity that is done regularly in one's leisure time for pleasure. It is a form of self-care because it provides the individual some down-time that offers a distraction from the stress. It is also an enjoyable way to relieve tension. One can obtain new knowledge and skills by engaging in a hobby, which keeps the mind active. Caputo points out,

A way to retrieve your multidimensional self from the flatness of burnout is by seeking ways to rescue old interest and seek new ones that allow you to take a broader satisfaction in the life and human culture. From taking a new perspective on certain work responsibilities to learning new things, setting personal priorities and goals may help you achieve a healthy balance between work and personal satisfactions.⁸¹

Towards this end, I introduced Renee McRae who is a Poet, Author, Certified Success Coach and Self-Development Trainer. She is the Founder and CEO of Poetic Motivations, LLC, which is a personal and professional development training company.

Renee tells her story of walking away from her job that was stressful. Her hobby was writing poetry. She stated, "God told her to do her poetry full-time." Renee stepped out on faith. Her bio notes, "She delivers programs that focus on self-exploration and navigating to a place called SUCCESS! She is a believer in living life deliberately and dedicated to the field of personal transformation. Renee spends her time in schools and organizations around the country facilitating program, which uniquely fuse the art of writing poetry with self-discovery, self-understanding and enabling self-determination." She is an author and her poetry has been published in several magazines (Appendix 100).

⁸⁰ Francoise Mathieu. *The Compassion Fatigue Workbook.* (New York, NY: Routledge Taylor & Francis Group, 2012), 81

⁸¹ Ibid., 129

Ruth Sypher is a retired Registered Nurse. She presented a PowerPoint presentation entitled: "Let's Eat for the Health of It" (Appendices 101-110), which she had on her USB. However, the computer continued to have problems. Nevertheless, she also had a hard copy of her presentation. She said, "Be so ever ready." The group laughed. She spoke on eating healthy, which requires choosing behaviors that provide balance, such as watching calories. Sugar is one of the leading causes of obesity because of its Caloric intake. Salt contributes to high blood pressure. She contends that eating well will prevent coronary heart disease, diabetes, arthritis, and depression because they are all linked to poor health and a lack of exercise. She also encouraged the group to participate in some form of exercising for at least 30 minutes each day, i.e., brisk walking, jogging, cycling and dancing. However, before beginning any exercise regimen, seek the advice of their physician, especially if they have not exercised in a while. She briefly spoke about the proper amount of rest humans require.

Rest means to cease from work or movement in order to relax, refresh oneself, or recover strength from ceasing to engage in strenuous or stressful activities. From a Biblical perspective, all creatures must rest because without proper rest the human body will break down. Kirk Bryon Jones implies,

Sleeplessness is a primary symptom of a person who is over-committed. The consequences are costly in more ways than one: American society is sleep-deprived, and the problem is growing. People mistakenly think sleep is a waste of time. They don't realize they'll be more productive if they get more sleep. Fatigue is to blame for 60% to 90% of all industrial accidents and more than 100,000 highway crashes a year. Sleepy workers cost American companies \$18 billion a year in lost productivity. 82

 $^{^{82}}$ Kirk Byron Jones. REST IN THE STORM: Self-Care Strategies for Clergy and Other Caregivers. (Valley Forge, PA: Judson Press, 2001), 25

Mark 6:31 states it well, "And he said to them, "Come away by yourselves to a desolate place and rest a while." For many were coming and going, and they had no leisure event to eat" (NRSV). Thus, in order to get enough sleep try avoiding watching too much television. Take long hot baths and get massages when one can afford it because it helps to reduce tension.

She concluded by noting a balanced eating plan incorporates healthy fats, protein, complex carbohydrates and appropriate calorie control. She distributed a handout to the group, challenging them to a 5 Day Fruits & Vegetable Program (**Appendices 111-113**) that promotes good eating habits. The guidelines of the Challenge consisted of eating 5 servings of fruits and vegetables (total; not 5 servings of each: **Appendix 114**) each day of the challenge. You must keep track of your intake of fruits and vegetables, and the number of servings that you eat each day (**Appendices 115**) using the calendar that was attached to the package. **Appendices 116-122** is a fruits and vegetables Encyclopedia, and **Appendices 123-129** is a Fruit and Vegetable Nutrition Facts Chart.

To discuss relieving stress through natural herbs, I introduced Empress Armstead-Henderson. She is the owner and founder of Empress Royal Tea, Inc., a Long Island based company. It specializes in Organic and Specialty Blended Loose Leaf Teas, and she believes it provides her customer base with the ultimate tea experience. Empress grew up listening to stories of how her great-grandmother used herbs and wild flowers to make medicines to heal the sick in her community. Being taught "the leaves of the tree were for the healing of the nations" was only the beginning of her life changing journey she would later take on. While pursuing a degree at the New York College of Health Professions School of Massage Therapy, she began to realize an increasing demand for

holistic alternatives to healthy living. This transitioned her approach from a demand for holistic alternatives to healthy living. This transitioned her approach from a tea enthusiast. She began to study the health benefits tea consumption offers towards maintaining a healthy lifestyle.

In 2011, due to the collapse in the job market, Empress lost her job as an Executive Administrative Assistant which she held for over 10 years. This reality afforded her the opportunity to pursue her dream of owning her own business and what better way to make a living following your passion! Empress sought out to provide her customers with quality teas, specially blended to appeal to a range of palates and to provide optimal health benefits. She explained the various types of teas and its benefits. Later the group had an opportunity to taste the Leaf Black Tea, which is useful for reducing stress. She provided her business card (Appendices 130-131).

Ms. Missy is a vendor for Mia Bella Candles Scent Sations Inc. These candles are made using a proprietary natural wax formula. This allows the candles to burn practically soot-free, and if they spill it can be cleaned up with hot soapy water. Their fragrances infuse through-out the entire candle, so the same fragrance is dispelled from the top to bottom. She discussed the benefits of scented candles, such as,

- Stimulating and relaxing the mind. Smell can bring up strong emotional reactions and hence affect our feelings. Many people believe scented candles can be good for emotional healing because it can help with mild forms of depression.
- Candles are used in aromatherapy. It is an ancient practice where natural plant
 essences are utilized to promote healthiness. Aromatherapy candles can aid to
 quell respiratory, throat, ears and nose irritations. These candles may soothe and
 relieve medical ailments such as headaches, muscle cramps or even the common
 cold and well-being.
- It can be used for keeping mosquitoes away and protecting your rooms form unpleasant bugs from the outside. Most people use citronella candles as a bug

repellent. Other scented candles like lemon and orange or exotic scents like sandalwood are widely used to repel bugs.

• Finally, they are used by many people as a home décor or a natural air-freshener. The group stated after work they take long baths, and they use scented candles to help them to relax. She placed everyone name in a bag and had someone pull three names. Three persons received scented candles as a gift. She distributed her catalogue to the participants (**Appendices 132-141**).

Another form of relaxation is aromatherapy using oils. Mrs. Antoinette Pinckney, who is also my sister-in-law, gave a presentation on oils that are oftentimes used in aromatherapy. As an aroma therapist, she talked about the various oils used in the bible and allowed the group to smell the various fragrances. She contends, thirty-six of the 39 books of the Old Testament and 10 of the 27 books of the New Testament mention essential oils or plants that produce them. She stated these were the medicine provided by God, and God provided these plants and oils to heal one's bodies, minds and spirits. Plants were the source of healing, and that connection is still available to us today. God made previsions to us to help keep us healthy physically, emotionally and spiritually.

Finally, spiritual self-care means connecting to a Higher Power and finding a meaning for one's lives. Just as it is necessary to keep care of one's body and mind, we also need to nurture our soul. Sometime a person will come across many spiritual paths and systems. Some may find one particular spiritual path right for them. Still, others may carve out their own path to find meaning and understanding for life. As pointed out by Rev. Leo Booth in an article entitled:

Spirituality The Neglected Tool in Therapy," she quotes that Carl Jung said it so clearly in his letter to Bill Wilson concerning Roland H: *spiritus contra spiritum*—loosely interpreted, "spirituality is the healer of the demon spirits."

Furthermore, she contends, "...spirituality takes us out of the claustrophobic box that many people associate with religion and brings us into the world as you and I experience it. It is a journey out of ourselves and yet also is a journey that takes us into who we essentially are." 83

On the other hand, Robert C. Fuller, in his challenging book "Spiritual But Not Religious" observed that one-fifth of Americans describe them self as spiritual but not religious. He argues that many people are,

Forsaking formal religious organizations, these people have instead embraced and individualized a spirituality that includes picking and choosing from a wide range of alternative religious philosophies. The typically view spirituality as a journey intimately linked with the pursuit of personal growth or development.

Spirituality exists wherever we struggle with the issue of how our lives fit into the greater cosmic scheme of things. This is true even when our questions never give way to specific answers or give rise to specific practices such as prayer or meditation. We encounter spiritual issues every time we wonder where the universe comes from, why we are here, or what happens when we die. We also become spiritual when we become moved by values such as beauty, love, or creativity that seem to reveal a meaning or power beyond our visible world. ⁸⁴

Regardless of whatever spiritual self-care guidelines one is following, a certain amount of effort and discipline are essential for maintaining spiritual nurturance. She gave a handout on Oils of the Bible (**Appendices 142-150**).

With this concept in mind, I wanted to present to the group various lay persons, other preachers of various backgrounds from organized religion. Some people participate regularly through churches, mosques, and temples, which provide teachings that help one to be grounded in the doctrines of their particular faith base. Or, a person can visit a natural area of beauty, peace and tranquility that takes one from the chaos that surrounds one's life. Each presenter spoke on how their religious doctrines help them to practice

⁸³ Leo Booth. "SPIRITUALITY: THE NEGLECTED TOOL IN THERAPY." Counselor Magazine, December, 2012, 11

 $^{^{84}}$ Robert C. Fuller. $\it Spiritual~But~Not~Religious:~Understanding~Unchurched~America.$ San Francisco, CA: Jossey-Bass, 8

self-care for the mind, body and spirit. At the last minute, Minister, Joanna Fletcher was unable to attend, so I spoke about Christianity. Nevertheless, the consensus among all of the religions for overcoming stress for the mind, body and spirit was meditation, fasting and prayer.

They believe **meditation** helps calm the mind to enable one to see what is real and what is not. Meditation is the practice of reflection or contemplation. The psalmist prayed that the meditation of his heart would be acceptable in God's sight (Psalm19:4.) Many people believe meditation is being silent and still. It is centering one's self to a heightened awareness or a deeper sense of spiritual connection or a connection to self. However, Richard J. Foster argues,

Whenever the Christian idea of meditation is taken seriously, there are those who assume it is synonymous with the concept of meditation centered in Eastern religions. In reality, the two ideas stand worlds apart. Eastern meditation is an attempt to empty the mind; Christian meditation is an attempt to fill the mind. The two ideas are quite different.

Eastern forms of meditation stress the need to become detached from the world. There is an emphasis upon losing personhood and individuality and merging with the Cosmic Mind. There is a longing to be freed from the burdens and pains of this life and to be released into the impersonality of Nirvana.

In any event, meditation is a guide designed especially for the interpreter, and aim to help the individual to achieve mental, emotional, physical and spiritual balance in their everyday life. Oswald asserts, "First let's acknowledge that meditation does promote health. It allows us to quiet one mind and relax one's body, so the fight-or-flight stress response is not triggered. Dr. Herbert Benson, author of The Relaxation Response, has

documented its medical effects in his research on the practice of Transcendental Meditation."85

Fasting is to help the body get rid of toxins caused by eating bad foods.

Concentrating on self-care for the body is an extremely crucial step because when people become stressed, or have exceedingly busy schedules, they become neglectful to their body. Focusing on prayer during a fast, often substitutes the time spent eating with prayer. Fasting offers a way to impose self-control in one's life; it gives one the opportunities for the personal strength of will that one need to grow spiritually. When one restrains one's self physically, one finds it easier to apply this same self-discipline in one's spiritual life.

Prayer – Setting <u>aside</u> time daily to pray is a form of conversation with your Higher Power. Prayer draws us closer into a personal relationship with God, and allows us to rely upon faith in all things. Therefore, we do not have to be anxious for anything. Migliore asserts, "Maturing in prayer does not mean mastering certain techniques or becoming virtuosos of the spiritual life. It means, on the contrary, being open and honest to God, praising God, but also crying to God in one's need, and even sometimes crying out against God."⁸⁶ In Psalm 77:1 it states, "I cried out to God for help; I cried out to God to hear me. When I was in distress, I sought the Lord; … (NIV). The above techniques may be helpful in reducing stress when practiced with earnestly. More importantly, one must be in a place of seeking change in order to have a better quality of life.

⁸⁵Roy M. Oswald, Clergy Self-Care: Finding A Balance for Effective Ministry (Herndon, VA: Alban Institute Publication, 1995), 97

⁸⁶ Daniel L. Migliore. Faith Seeking Understanding: An Introduction to Christian Theology. (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2004), 242

Seeking your Purpose – If one want to discover your true purpose in life, one must first empty your mind of all the false purposes one have been taught, including the idea that one may have no purpose at all. Rick Warren admits, "Most people struggle with three basic issues in life. The first is identity: "Who am I?" The second is importance: "Do I matter?" The third is impact: "What is my place in life?" On the other hand, Viktor E. Frankl creates the doctrine of Logotherapy during his imprisonment in a Nazi concentration camp. His theory is based on the search for the meaning of life. He is living out life and death simultaneously because he was not aware when physical death would occur. He also touches on what I perceive as spiritual death, which is hopelessness. Frankl identifies Logotherapy as "Man's search for meaning is the primary motivation in his life and not a "secondary rationalization" of instinctual drives. This meaning is unique and specific in that it must and can be fulfilled by him alone: only then does it achieve significance which will satisfy his own will to meaning.⁸⁸ This is why, I believe, if a person has no concept of self, their history, not cognizant of their direction in life, do not know whom they belong to, a person lives in confusion that may contributes to stress. Seeking one's purpose is part of life. The difficult part is continuously working on self to the point where one understands that they are the purpose. When you find your own unique answer to the question of why you are here, you will feel it resonate within one's self.

⁸⁷ Rick Warren. *The Purpose Driven Life: WHAT ON EARTH AM I HERE FOR?* (Grand Rapids, M: Zondervan, 2002), 312

⁸⁸ Viktore E. Frankl, *Man's Search for Meaning*. (Boston, Massachusetts: Beacon Press, 1959/2006),

CHAPTER 9

TRAINING ASSESSMENTS ANALYSIS

I employed two methods consisting of self-assessments on stress, burnout, self-care, a Wellness Center Survey and a training evaluation form.

Training Results: Stress Assessment

The Holmes and Rahe Stress Scale self-assessment is a measure of performance for defining a person's risk of stress. This self-assessment device may be useful in making decisions about treatment for stress. In the late 1960s, doctors Richard Rahe and Thomas Holmes knew that stress can contribute to the development of illness and wanted to learn how different life events can affect a person's health.

The scale includes a list of more than 40 life events that may be perceived as stressors. Each event has a numeric value in terms of how much impact it can have on a person's health. Each trainee checked the appropriate boxes that applied to their particular circumstances. The trainees totaled their scores to determine where they fall on the scale.

The SRRS Interpretation Scoring suggests if the score is below 150, it suggests that the patient is not at very high risk for health problems related to stressful life events. Scores between 150 and 250 are a cause for concern, with an elevated risk. The patient may benefit from interventions like therapy and other forms of assistance. Scores above

250 demonstrate a high risk of developing illness. The Holmes and Rahe Stress Scale Self-Assessment download came from www. MindTools.com. ⁸⁹

Appendix 60 illustrates the 43 life events; however, I have listed highest 6 events that cause stress based on the trainee's LCU, which they have experienced within the past six months. Listed as number 31, a change in work hours or conditions was 56%.

Number 29, Revision of personal habits was 50%. Number 6, Personal injury or illness equaled 44%. Number 5, Death of a close family member was 44%. Number 40, Change in eating habits was 39%.

Appendix 61 shows the results based on gender and age as follows: 4 Women between the ages of 21-30, 8 Women in the ages of 41-50, 3 Women between the ages of 51-60 and 3 men between the ages of 41-60. The analysis showed that men between the ages of 41-60+ rated 100%, meaning all three men suffered with the death of a close family member. Women between the ages of 41-50 scored 38%, which are 3 out of the 8 women. Women between the ages 51-60, scored 33%, equaled 1 out of 3. Finally, women between the ages 21-30, scored 25%, equaled 1 out of 4. During the training, many people did not want to explore the death of a close family member. They disclosed whom they lost, but evaded questions about the details surrounding the death. Instead, they referred to other LCUs.

http://www.Mindtools.com/pages/article/newTCS_82.htm (accessed November 20, 2012) This table is taken from "The Social Readjustment Rating Scale" Thomas H. Holmes and Richard H. Rahe, Journal of Psychosomatic Research, Volume 11, Issue 2, August 1967, Pages 213-218, Copyright © 1967 Published by Elsevier Science Inc. All rights reserved. Permission to reproduce granted the publisher. To score your stress levels, simply check the box in the right hand column next to all the events that have happened to you in the last year."

The LCU represents a change in responsibilities at work; men between the age of 41-60+ equaled 100%, all 3 had experience this event within the past 6 months. Women between the ages of 41-50 scored 38%; all 8 women had not experienced this phenomenon. Two of the three women between the ages 51-60 scored 67%. Women between the ages 21-30, scored 75%, equaled 3 out of 4.

A change in work hours or conditions, men 41-60+ scored 67%, meaning 2 out 3 encountered this conflict within the past six months. One out of eight women between the ages of 41-50 rated 13%. There were 4 women between the ages of 21-30, but none had experienced this function within the past 6 months.

One of the men elaborated on the above two topics. He stated the program had a new director. He said, she is qualified for the job, but he has more credentials and more years of experience. He said, they never offered him the job. I asked, "Did you apply for the job?" He said, "He should not have to apply when his work has spoken for itself." Some of the trainees in the group looked astounded; to lead the group back on track, I decided to add some humor. I responded, well the Bible tells me, "we have not because we ask not." He just laughed as well as the rest of the group.

The LCU, revision of personal habits, 2 of 3 men 41-60+ scored 67%. Women between the ages of 41-50 scored 63%, meaning 5 of the 8 women encountered this experience. Women between the ages 51-60 averaged 33%, equaled 1 of 3 women. Women between the ages 21-30, scored 25%, equaled 1 out of 4.

Number 40, change in eating habits, men between the age of 41-60+ equaled 33%, which is 1 of 3. Women between the ages of 41-50 scored 38%, meaning 3 of the 8 women encountered this experience. Women between the ages 51-60 had not

experienced this event within the past six months. Women between the ages 21-30, scored 50%, equaled 2 out of 4.

Number 38, change in sleeping habits, men between the age of 41-60+ equaled 33%, which is 1 of 3. Women between the ages of 41-50 scored 38%, meaning 3 of the 8 women encountered this experience. Women between the ages 51-60 had not experienced this function within the past six months. Women between the ages 21-30, scored 50%, equaled 2 out of 4.

Many people are struggling to change their eating habits through dieting and an exercise regimen. However, some studies have linked changes in sleeping habits to one's eating habits. Even so, trying to balance all of these factors can become frustrating and will increase the level of stress. If people keep in mind that it took a while to gain the weight, losing it in moderation will be healthier and less stressful.

Number 6, listed on the LCU as Personal injury or illness, men between the age of 41-60+ equaled 67%, which is 2 of 3. Women between the ages of 41-50 scored 50%, meaning 4 of the 8 women encountered this experience. Women between the ages 51-60 had not experienced this phenomenon within the past six months. Women between the ages 21-30, scored 50%, equaled 2 out of 4.

On the list as a change in financial state, men between the ages of 41-60+ equaled 33%, this is 1 of 3. Women between the ages of 41-50 scored 50%, meaning 4 of the 8 women encountered this experience. Women between the ages 51-60 scored 67%, and this means 2 of 3. The 4 women between the ages 21-30 had not experienced this phenomenon within the past 6 months. One of the women in the range (51-60), confided

in me during the lunch break, that she is in the process of going through a divorce. She said, "This has increased my stress level because of the missing income."

Most of the participants totaled between the rates of 150-299. According to the scale's interpretation, some of the participants have a moderate to high probability of becoming ill in the near future. Consequently, based on Selye's theory of General Adaptation Syndrome, many of the trainees are at the Resistance Stage. Selye notes at the Resistance Stage, the following can occur:

Homeostasis begins restoring balance and a period of recovery for repair and renewal takes place. Stress hormone levels may return to normal but you may have reduced defenses and adaptive energy left. If a stressful condition persists, your body adapts by a continued effort in resistance and remains in a state of arousal. Problems begin to manifest when you find yourself repeating this process too often with little or no recovery. 90

According to this particular study, men appeared to have a higher rate of stress based on the events that occur in their lives. When the group discussed their scores and the impact stress can have on their physical health, the men appeared to be slightly more resistant to believe it has an impact on their own health. When asked what they plan on doing to reduce their stress, they placed little emphasis on the need to manage their stress. They felt the least amount of exercise i.e., walking to the subway was sufficient. Whereas the women placed more emphasis on the need to reduce their stress; they felt they were not doing enough.

In conclusion, most people, irrespective of gender, are less likely to make lifestyle and behavior changes to reduce stress until they report being diagnosed with the types of chronic physical illness that are often linked to high stress levels, unhealthy lifestyles and behaviors' that requires them to change. Furthermore, the analysis showed that the

⁹⁰ American Institute of Stress, http://www.stress.org/about/hans-selye-birth-of-stress/ (accessed December 17, 2012).

overall stress factors related to job, personal injury or illness, and concerns around health; i.e., eating habits and personal habits.

Training Results: Burnout Quotient Self-Assessment

The Personal Burnout Quotient (PBQ) Self-Assessment has 20 statements. It measures potential burnout using a seven point rating scale (**Appendix 25**). 1= Very Untrue, 2 Usually Untrue, 3 Somewhat Untrue, 4 Equally True and Untrue, 5 Somewhat True, 6 Usually True and 7 Very True. Totaling the ratings will provide the individual with their PBQ score. Janette S. Caputo notes the PBQ has, "... been devised to help individuals measure their risk for burnout by obtaining quotient scores. The Personal Burnout Quotient, or PBQ, measures the potential for burnout no matter where an individual chooses to work." Furthermore, "the score suggests your level of risk for potential burnout on the basis of your current habits and beliefs." **Appendix 26** provides interpretation for the PBQ Self-Assessment based on numerical scoring.

Appendix 83 explains the Personal Burnout Quotient Assessment based on Response Ratings. Reviewing the trainees combined ratings for the overall assessment; the 5 top statements measure the risk for burnout. Some of the trainees can be perceived as over achievers based on the scores. The Oxford Dictionary defines over achievers as "one who places too much importance on being successful." The following statements: "I believe that if you do a thing at all, you should do it well. My career is extremely important to me." The scores were 61% for both statements, which are 11 out of 18 participants. Furthermore, they rated the statements as being very true. They are at risk

 $^{^{91}\}mbox{Janette}$ S. Caputo, STRESS and BURNOUT in Library Service (Phoenix, AZ: Oryx Press, 1991), 79

for burnout because they set unrealistic and extremely high expectations for themselves.

As a result, they put themselves under unnecessary stress. Dr. Freudenberger suggests,

With the decrease in energy comes an increase of effort, but not necessarily of result. The Burn-Out, of course, never sees that, and he feels aggrieved at the lack of appreciation people are showing toward him. After all, they're leaving early; he's staying late. The least they could do is say, "Thank you.' He gets bitter and increasingly angry." ⁹²

Their workloads and time constraints usually produce relatively little time for sleep, which can result in sleep deprivation. Based on the analysis, 44% of the participants noted physiological effects, i.e., a history of headaches, backaches or frequent colds. Freudenberger termed these symptoms as psychosomatic. However, he contends, "...they are real, but they're induced or prolonged by stress and emotional tension." The solution for reducing burnout from being an overachiever is to sit down and make a list of one's commitments. Participate in activities that provide enjoyment to one self, and learn how to say no when one's plate is overflowing.

On the other hand, one could perceive over achievers as a form of eustress, which Selye defines as positive stresses. Caputo expounds on this concept previously, where Selye calls them "*racehorses*;" however, even racehorses run out of steam.

Appendix 84 depicts the PBQ assessment based on Gender & Age. According to the chart, women in the age range of 41-50 scored high for all statements. Women in the age 21-30 were rated second; men from the age 41-60+ third and women 51-60 were last. This shows that women in the age group of 41-50 have a high risk of suffering with burnout. The PBQ Interpretation (Appendix 8 continued) notes, "If the range is wide,

⁹² Herbert J. Freudenberger, BURN-OUT: How to Beat the High Cost of Success. (New York, NY: Bantam, 1980), 64-65

⁹³ Ibid., 66

with some ratings of 6 or 7, look specifically at those items. These women responded 16 times with a rating of 6, which is usually true. They responded 43 times with the rating of 7, which is very true. These are the personal characteristics most likely to promote [their] burnout." Some studies have shown that is contributed multitasking.

Appendix 85 displays the individual PBQs score of each trainee based on gender and age. Three participants are at high risk for burnout. Two males 41-60+, and one female between the age 41-50. According to the PBQ interpretation states, "101 – 120," are at high risk for job burnout. The overall data shows that staff are affected by stress and burnout. When provided a list of common signs of vicarious traumatization, compassion fatigue, and burnout; the interpretation chart suggests these persons should learn stress management techniques and use them regularly. Furthermore, they need to learn and watch for early signs of job burnout, and should avoid working in a work environment with a high JBQ.

The Training Evaluation Form (**Appendix 86**) was created to obtain feedback on the relevancy based on content and presentation of the training. The participants were advised they can remain anonymous if they choose. The form was completed by all participants for both sessions.

Training Evaluation Assessment Results for Stress & Burnout Training

On 6/18/13 and 6/26/13. I conducted training on stress and burnout with two different groups. The total participants trained were N=18. The following charts illustrate the ratings of the evaluation form. The form has two components; content and how the instructor presented the information. **Table 2** explains the analysis based on training content, it denotes the ratings at the bottom.

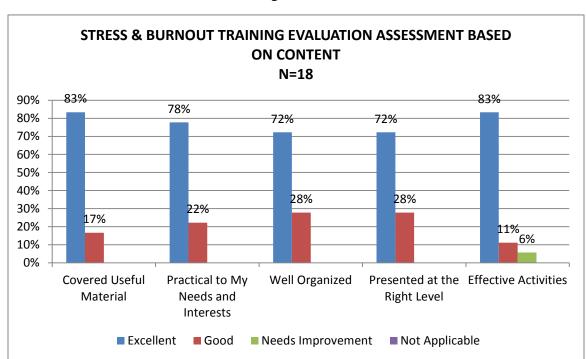


Table 2: Stress & Burnout Training Evaluation Assessment Based on Content

The outcome was the following: 83% felt the covered useful material was Excellent and 17% checked Good. 78% checked that it was practical for their needs and interests were Excellent, 22% checked Good. 72% selected Excellent for being well organized, and 28% checked Good. 72% checked Excellent for presenting at the right level, and 28% checked Good. Finally, 83% checked Excellent based on effective activities and 11% checked Good, and 6% checked Needs Improvement due to the computer malfunction.

Training objectives should promote awareness of the topic discussed. When trainees participate in training, they want the trainer to adhere to pre-set time frames and to be well organized. Furthermore, the trainer must be able to understand the potential consequences of having mandated trainees attending training can be destructive.

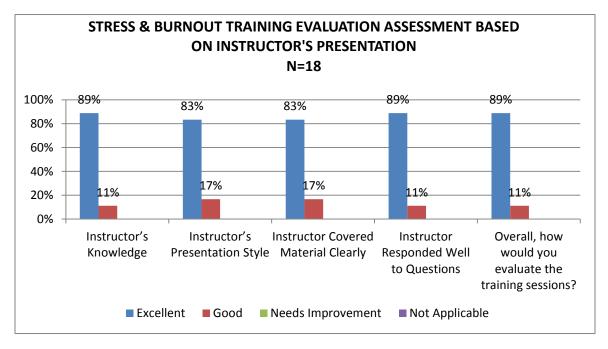
Therefore, being supportive of the trainees, the trainer must be able to help the trainees to

identify individual learning objectives and develop an investment in training sessions. This was achieved using interactive training techniques. I used the knowledge and expertise of the trainees. When I asked the trainees were they familiar with some of the terms and concepts; I asked for an example of how they would put them into practice. This helped to keep the conversation fresh and helped to enhance their knowledge on the subject matter.

Evaluating the instructor based on performance is a valuable tool. Having trainees evaluate the trainer, it allows the instructor to identify their weakness and strengths. This tool helps to determine if the trainer is knowledgeable on the subject matter. The trainer must be able to provide relevant examples and encourage critical analysis of how different information can be applied to trainees' jobs; can generate examples of application dilemmas and successes. The material can help trainees understand and reduce obstructions for implementing new learning objectives in the work place.

Table 3 illustrates the evaluation of the instructor based on performance based on presentation. Instructor's Knowledge assessment Excellent was 89%, 11% Good. 83% rated Excellent and 17% for Instructor's Presentation Style. Instructor Covered Material Clearly 83% Excellent and 17% Good. 89% rated Excellent to Instructor Response Well to Question and 11% Good. Finally, the overall rating, for the training session on stress and burnout, was 89% Excellent and 11% Good.

Table 3: Stress & Burnout Training Evaluation Assessment Based on Instructor's Presentation



After the training, the Site Team and I met to discuss the outcome. Although the comprehensive training was successful, however; there were some challenges. We discussed the malfunctioning of the computer. One of the site team members said she would bring her laptop for the next session. Two of the site team members that are technical support were out of town. Therefore, I think the defect was in setting up and operating the equipment. I was able to set up and operate the equipment, but could not do everything.

Nevertheless, we reviewed some of the evaluation forms and discussed some of the comments made on the bottom of the form. A participant remarked, "They wanted to know the sources for the self-assessments on stress and burnout." The stress self-assessment denoted the source, but the burnout self-assessment did not mention the source. The team and I decided to remedy this by printing out the sources to distribute at

the next training session (6/21/13). Some trainees commented that they wanted the actual activities for reducing stress and burnout during this session. I told the team the activities would occur at the next session for Self-Care.

The team felt the session was excellent, and advised for the next time we need to try to set up earlier to avoid rushing through the program. Furthermore, it would allow us the opportunity to test the technical equipment. However, the person that provided access to the room said the earliest she could provide access was 8:30 a.m. for a program that supposed to start at 9:30 a.m. I needed more hands on deck to carry food, equipment, and all the other accessories for the training to show up earlier. With Part I ended, I was relieved.

Training Results: Self-Care Self-Assessment

The self-assessment tool for self-care was extracted from the website for the Peer Education & Evaluation Resource Center, Building Blocks to Peer Success.

Accordingly,

The Peer Center is collaboration between the Boston University School of Public Health's Health and Disability Working Group and the Justice Resource Institute (JRI). We provide experience and expertise in implementing peer programs through three national peer education, training and capacity-building sites:" However, the PEER Center project ended in August 2011." They affirm that this handout was adopted from Transforming the Pain: A Workbook on Vicarious Traumatization by Karen Saakvitne and Laurie Anne Pearlman published in 1996 by TSI Staff. 95

However, Karen Saakvitne and Laurie Anne Pearlman asserts,

⁹⁴ About Us | PEER Center - Peer Education & Evaluation Resource ..." Insert Name of Site in Italics. 25 July 2013 http://peer.hdwg.org/AboutUs. (Accessed November 20,2012)

 $^{^{95}}$ peer.hdwg.org/.../7b%20SelfAssessmentToolSelfCare-PeerRole-Peer_ (accessed November 20, 2012)

Given the physical, psychological, spiritual, and emotional stresses of our work, there isn't one of us who doesn't need to improvement in some area of self-care. Caregivers are notoriously poor at self-care to begin with—and too often get worse rather than better as their work responsibilities increase. [Furthermore,] they note the worksheet is for assessing self-care is not exhaustive, merely suggestive. 96

The use of the self-care assessment tool is to measure the person's physical, psychological, emotional, spiritual, and workplace on self-care. Each section has several statements. The individual rates their responses on how often they participated in various activities. The numerical scale is as follows: 5 = Frequently, 4 = Occasionally, 3 = Sometimes, 2 = Never, 1 = It never even occurred to me.

The Physical Self-Care section consists of 16 statements. **Table 4** represents the analysis.

Table 4: Analysis of Physical Self-Care

Questions: Physical Self-Care	Numerical Scale	Percentage
	Ratings	Rating
Get away from stressful technology such as	Sometimes	39%
pagers, faxes, telephones, and e-mail		
Take day trips or mini-vacations	Sometimes	44%
Take vacations	Sometimes	39%
Wear clothes you like	Frequently	56%
Get enough sleep	Occasionally	44%
Take time to be sexual	Frequently	39%
Do physical activity that is fun for you	Occasionally	33%
Get massages or other body work	Sometimes	56%
Take time off when you're sick	Frequently & Sometimes	Tied at 33%
Get medical care when needed	Frequently	72%
Get regular medical care for prevention	Frequently	39%
Practice martial arts	It never even occurred	61%
Lift weights	It never even occurred	22%
Exercise or go to the gym	Sometimes	33%
Eat healthfully	Sometimes	39%
Eat regularly (that is, breakfast, lunch, and	Frequently	39%
dinner)		

⁹⁶ Karen W. Saakvitne & Laurie A. Pearlman. *Transforming the Pain*. (New York, NY: W. W. Norton & Company, 1996) 61.

Unlike the other self-assessment tests that provided scoring interpretations, the self-care assessment is a tool to assist the person to become aware of their strengths and weaknesses in different areas of self-care. Physical wellness is valuing one's body. It is applying one's knowledge, motivation and skills toward improving physical fitness and health. It is to help one towards making healthy and positive choices concerning a variety of issues including nutrition, physical activity, sexuality, sleep, reframing from using alcohol and other drugs. Overall, based on the above chart, it appears that participants are attempting to practice physiological self-care through various modules.

Appendix 151 displays the Physical Self-Care Analysis based on individual responses, and is self-explanatory.

We obviously learned that stress and burnout will have an impact on the mind. It is only natural to establish self-care to improve one's mind. The Psychological Self-Care section noted in **Appendix 152** provides mental wellness based on the answer to thirteen statements.

According to the Oxford Dictionary, the word "Psychological" is an adjective, which means of, affecting, or arising in the mind; related to the mental and emotional state of a person. Or, of or relating to *psychology: psychological* research, and (of an ailment or problem) having a mental rather than a physical cause." To some this up, it is to be aware of self-care for one's mind.

It introduces innovation; in the form of i.e., "Engaging your intelligence in a new area; go to an art museum, performance sport events, exhibit, or other cultural event; 6% responded never, 44% sometimes, 28% occasionally, and 22% frequently. Reflecting upon these experiences helps to stimulate the mind with new ideas and allows one to

share new thoughts with others. Another statement denotes, "Notice your inner experience - your dreams, thoughts, imagery and feelings;" 6% responded never even occurred, 11% indicated never, 17% sometimes, 56% occasionally and 11% noted frequently. When we share one's experiences with others, they are allowed to share. This helps to maintain stability and discover the different aspects of one's self. However, the responses to "others knowing different aspects of you," were 6% never, 11% never, 33% sometimes, 44% occasionally and 6% frequently. Another statement is "discovering challenges by doing things that one is a beginner." 0% responded, it never even occurred, 0% responded, never, 67%, sometimes, 17%, occasionally, and 17% responded frequently. Testing one's self by being in a position of a beginner means to be inexperienced. Challenging one's personality helps one to overcome barriers and could help to integrate opportunities to develop.

Principles towards psychological self-care are balancing one's work and leisure time. One aspect of balancing work and leisure on the survey is "spending time outdoors," 6% responded it never occurred, 6% answered never, 50% replied sometimes, 22% checked occasionally and 17% stated frequently. Prioritize the way in which one spend one's time – do not allow others to waste it. Control interruptions. Allow time for thinking and the unexpected. Delegate work whenever it is appropriate, and be assertive – learning to say "No" both to unnecessary work as well as taking on other people's tasks. The statement notes, "Say no to extra responsibilities," 17% responded it never even occurred, 17% checked never, 39% responded sometimes, 22% occasionally, and 6% replied frequently. Another theory for balancing intellectual self-care is to put past mistakes behind one's self – do not dwell on them. The psychological self-care

section uses the following statement to illustrate this concept. Making time for self-reflection, 6% responded it never even occurred, 6% noted never, 44% replied sometimes; 22% answered occasionally, and 22% checked frequently. Reviewing significant problems and learning to manage them better by making realistic action plans, even if it requires seeking professional help when needed. The statement on the survey states, "Go to see a psychotherapists or counselor," 33% replied it never even occurred, 33% replied never; 33% answered sometimes, 0% checked occasionally, and 0% responded frequently. Overall, most of the trainees are using some form of psychological self-care because the majority of the responses to the statements are sometimes.

The Emotional Self-Care section in **Appendix 153** has ten statements.

Emotional Self-Care is working towards meeting one's emotional needs productively. It is the ability to respond spiritedly to one's emotional state and to flow through life's trials and tribulations. It is realistically dealing with a variety of situations and learning. A person's reacting compulsively on their feelings and thoughts can have an impact on the decisions they make. Therefore, one must take accountability for one's behavior and responds positively to the challenges as opportunities that help one to mature. An emotionally well-being is self-aware and self-accepting while continuing to grow as a person. Emotional self-care is the ability to develop codependent relationships based on mutual commitment, trust, honesty, and respect.

The Spiritual Self-Care section in **Appendix 154** has seventeen statements.

Spiritual Self-Care focuses on the characteristics of the human existence such as spirituality, freedom and responsibility. It encourages one to develop a personal faith

and seek God in all things. Furthermore, it is the recognition and incorporation of a personal set of values and beliefs. These standards should help to establish the person, and places the individual into a relationship within the larger community that allows them to undertake an ideology that promotes justice.

The statements for this section are to construct an understanding of spirituality through connection, mystery, uniqueness, unknowable-beyond rational and religious, seeking for self, meaning and purpose, development and transitions, seeking right way and religious beliefs. Towards this end, the **Table 5** denotes the outcome:

Table 5: Spiritual Self-Care Table

Frequently	Occasionally	Sometimes	Never	It never even occurred.	Statements Rating	State
17%	17%	61%	6%	0%	Make time for prayer, meditation, and reflection	Make and re
6%	17%	50%	22%	6%	Spend time in nature	Spend
17%	6%	50%	22%	6%	Participate in a spiritual gathering, community, or group	Partic comm
28%	44%	28%	0%	0%	Be open to inspiration	Be op
22%	61%	11%	6%	0%	Cherish your optimism and hope	Cheri
22%	44%	28%	6%	0%	Be aware of intangible (non-material aspects of life)	Be aw mater
11%	61%	6%	0%	6%	Be open to mystery and not- knowing	Be open knowing
39%	33%	22%	6%	0%	Identify what is meaningful to you and notice its place in your life	Identi and n
11%	11%	17%	110%	11%		Sing
44%	ለ ለ0%	22%	00%	00%	Express gratitude	Expre
17%	50%	28%	6%	0%	Celebrate milestones with rituals that are meaningful to you	Celeb that a
33%	22%	33%	6%	6%	Remember and memorialize loved ones who are dead	Reme ones
44%	33%	22%	0%	0%	Nurture others	Nurtu
11%	28%	44%	11%	6%	Have awe full experiences	Have
28%	22%	33%	17%	0%	Contribute to or participate in the causes you believe in	Contr
22%	28%	44%	%0 ₀	0%	Read inspirational literature	Read
39%	22%	28%	11%	0%	Listen to inspiring music	Lister

The highest scores for the spiritual self-care component were 50% participating sometimes in a spiritual gathering, community, or group, and sometimes spending time in nature was 50%. Expressing gratitude 55% noted occasionally. Being open to mystery and not- knowing, 61% choose occasionally. Finally, cherishing your optimism and hope responded 61%.

During the break, one of the social worker's spoke with me and stated, "I have a problem with discussing spirituality with my clients because I feel it is separation of state and church." I asked her if she had a client that introduced the subject of spirituality during their session, would she respond. She said, "I would not respond because I have no affiliation with a particular religious denomination. I just believe in God. It is for this reason I feel inadequate to converse about given direction to my clients regarding spirituality." I thought, to myself, how one discusses what one does not know! I challenged her to seek the meaning of spirituality for self. She wrote on the self-care evaluation form, "Thank you again for all the aspects you included in this portion." The consensus of the group is that they have a spiritual relationship with a higher being, irrespective of the name they use. However, they are still seeking further guidance. Viktor E. Frankl sums it up well in his book, "Man's Search for Meaning." He writes, "Everyone has his own specific vocation or mission in life to carry out a concrete assignment which demands fulfillment. Therein he cannot be replaced, nor can his life be repeated. Thus, everyone's task is as unique as is his specific opportunity to implement it.",97

Appendix 155 represents the Workplace/Professional Self-Care component, and it has nine statements. The statements focus on the importance of practicing self-care at work due to the total number of hours we spend weekly at work. Our technological developments are overwhelming us with its information overload. The workday is filled with multi-tasking expectations and increasing emphasis on efficiency, productivity and global competitiveness. Employees find themselves competing not only against peers but

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⁹⁷ Viktore E. Frankl. MAN'S SEARCH FOR MEANING. (Boston, MA: Beacon Press, 2006), 109

also against a global workforce. These workplace pressures continue to increase, especially with the current economic and political challenges and uncertainty. Such pressures can lead to the experience of growing stress for employees. It may also damage the quality of performance in all areas of their lives and the emotional and physical well-being overall.

Addiction treatment professionals have a unique set of stressors and challenges due to the many complicated issues facing the workforce and the nature of the job itself. Oftentimes, they have a tendency to define who they are based on their vocation. They intertwine the two components (Workplace/Professional), and who they are called to be; and what they are called to do become synonymous. They identify themselves based on position, and what they do ends up defining who they are! Consequently, counselors with tenure that do not pursue growth through promotional opportunities suffer with depression. They do not see any progress from transitioning from a recovering addict to a Clinical Counselor as they continue to share their struggles while assisting their clients. Some do not permit themselves to pursue education, thereby affording them the opportunity to be promoted or moving to other places of employment that would increase their financial status. Attempting to incorporate one to continue to learning new skills and seeking challenges that lead to personal growth to better the world also aggravate stress. Listening for and following one's vocational calling is a lifelong process when one challenges self.

The Workplace/Professional Self-Care survey suggests that the participant's attempts to reduce workplace/professional self-care in some areas while struggling in other parts. For example, they responded to the statement that noted identifying projects

or tasks that are exciting, growth promoting, rewarding for them: 44% responded occasionally, 28% sometimes and 22% frequently. Balancing their caseloads so that no particular day is "too much;" the response was 38% it never even occurred, 6% never, 28% sometimes, 28% occasionally, and 22% frequently. On the statement negotiating for their needs, such as benefits and pay raises, 28% responded it never even occurred, 6% never, 39% sometimes, 22% occasionally and 6% frequently. Taking the time to eat lunch with co-workers the participants ratings were as follows: 17% it never even occurred 28% never, 28% sometimes, 17% occasionally and 11% frequently.

Appendix 156 outlines Balancing Self-Care. Creating balance in one's life is like balancing one's checking account. Making deposits and writing checks require we have an accurate balance. Writing checks without making deposits will incur an overdraft and can be charged with excessive fees. Unless, of course, one has an overdraft account but that still incur fees. In contrast, it is the same with establishing balance in one's life. When we do not have balance we become overdrawn because one continues to deposit into one's jobs, ministries, family, etc.; without taking care of self.

The balancing self-care assessment used two statements 1, strives for balance within your work-life and workday, and the participants response were 6% Never, 39% sometimes, 33% occasionally, and 22% frequently. Striving for balance among work family, relationships play and rest, they scored 6% never, 44% sometimes, 22% occasionally, and 28% frequently. Based on this analysis the trainees focused more on the latter statement at 44%

Training Results: Employee Wellness Interest Survey

Each participant completed an "Employee Wellness Interest Survey" that was created by The Wellness Councils of America; Absolute Advantage: The Wellness Magazine, Volume 5, and Number 6 was downloaded from their website. The survey is to solicit information on the interest in wellness and health related activities.

Appendix 157 shows 12 questions that the trainees responded to regarding their current health habits and interest in pursuing a healthier lifestyle. The trainee's responses were based on yes or no. The following is the result: I exercise vigorously for at least 20 minutes three or more days a week or moderately for 5 or more days a week for a minimum of 30 minutes 22% yes, 78% no. I regularly smoke cigarettes, 44% yes and 56% no. I am more than 20 lbs. over my ideal weight 50% no, 50% yes. I avoid eating too much fat, 39% yes, and 61% no. I practice some type of stress management on a regular basis 44% yes, 56%, no. I have had my blood pressure checked within the past year 89% yes, 11%, no. I wear a seat belt all the time when I am in a motor vehicle, 94% yes, 6% no. I have had a bout of low back pain the last six months 22% yes, and 78% no. I have at least three drinks containing alcohol every day, 0% yes, and 100% no. I usually consult a medical self-care book when I'm sick, 11% yes 89% no. I make an effort to eat enough fiber from whole grains, cereals, fruits, and vegetables, 56% yes, 44% no. Finally, I eat breakfast every day, 50% yes, no 50%.

The overall analysis demonstrates that the participants are cognizant of their health habits and continues to work towards improving their situation in various areas.

This is exemplified based on the following **Tables 6-9**. The survey asked that the

⁹⁸ www.welcoa.org/freeresources/pdf/aa_v5.6.pdf (accessed November 20, 2012)

trainees select from a list if they could receive written information on 3 health topics which would they choose. The charts are arranged based on age and gender, and it reveals the health topics selected by individuals of that group. Analyzing the chart one can distinguish that health issues are observed from different perspectives based on gender and age.

Table 6: Wellness Survey Question: If you could receive written information for 3 health topics listed, which would you select?

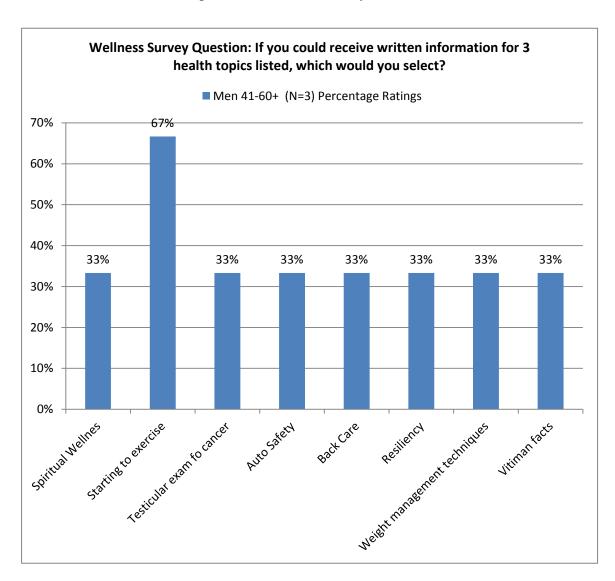


Table 7: Wellness Survey Question: If you could receive written information for 3 health topics listed, which would you select?

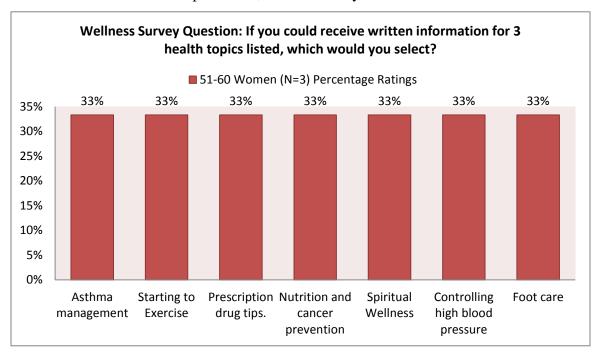


Table 8: Wellness Survey Question: If you could receive written information for 3 health topics listed, which would you select?

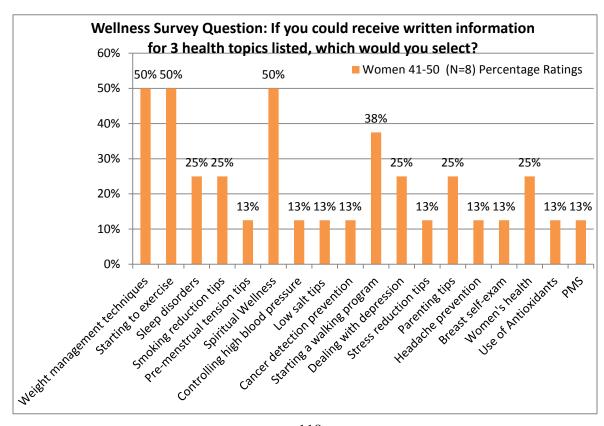
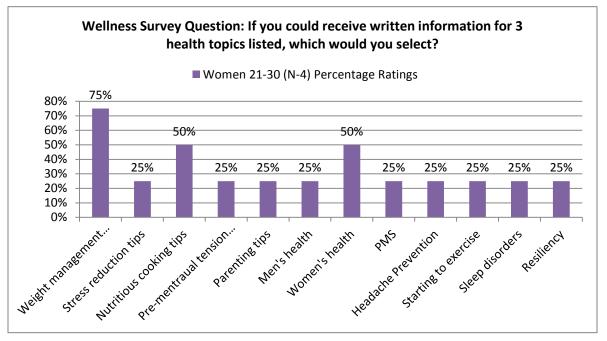


Table 9: Wellness Survey Question: If you could receive written information for 3 health topics listed, which would you select?



Appendix 158 is self-explanatory. The Wellness Survey asked the question; would you personally participate in a Wellness Program if we offered one? The response was either yes or no. The response was 94% yes and 6% no.

The next question the survey asked was, "Would you participate in any of the following wellness activities on a regular basis if they were offered at work? (*Check all that apply.*) The following charts for **Table 10-12** denote the responses based on gender and age. **Table 10** shows men between the ages 41-60. Their primary interests were Weight Management Programs and a workshop on self- esteem.

Table 10: 41-60+ Men (N=3) Percentage Ratings

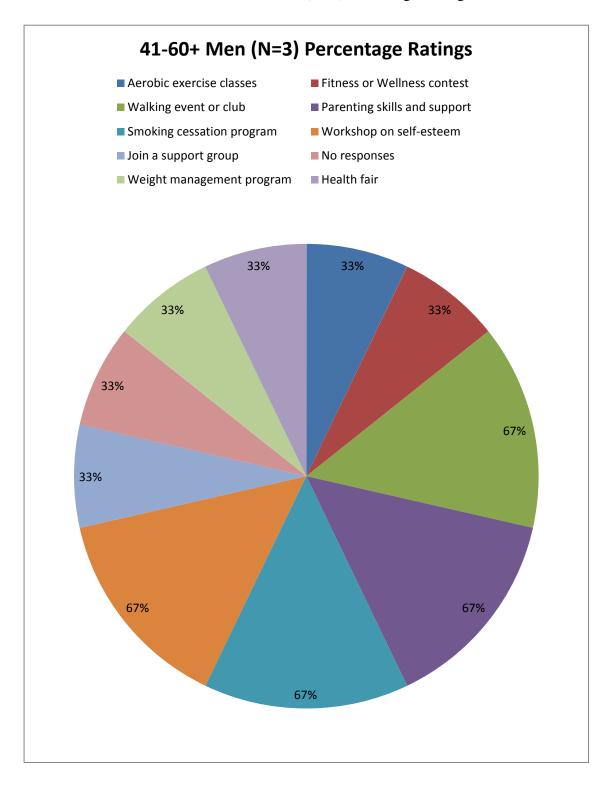


Table 11 Women from the age 51-60 issues focused on exercising classes, and workshops on self-esteem.

Table 11: 51-60 Women (N-3) Percentage Ratings

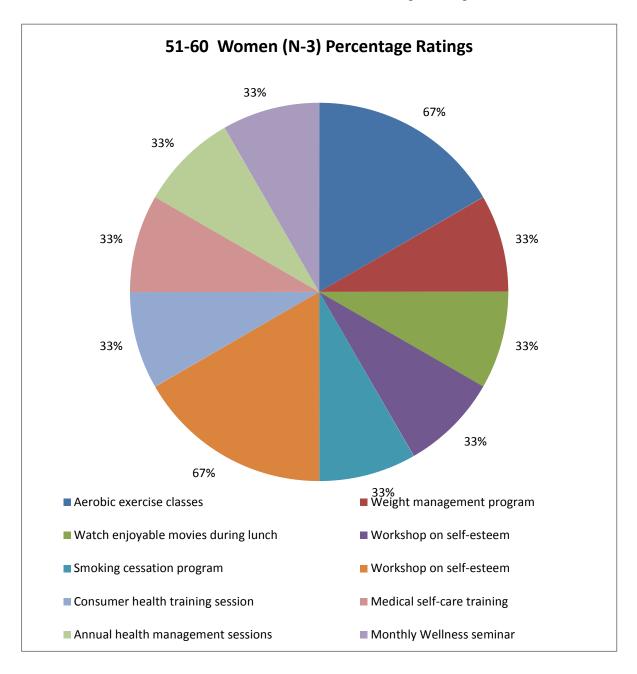


Table 12 displays women from the range of 41-50. This group selected the most responses that were applicable to them. 63% were concerned about weight management program. The second highest was 50%, which was to complete a personal fitness contract. Again, 25% selected a workshop on self-esteem.

Table 12: 41-50 Women (N=8) Percentage Ratings

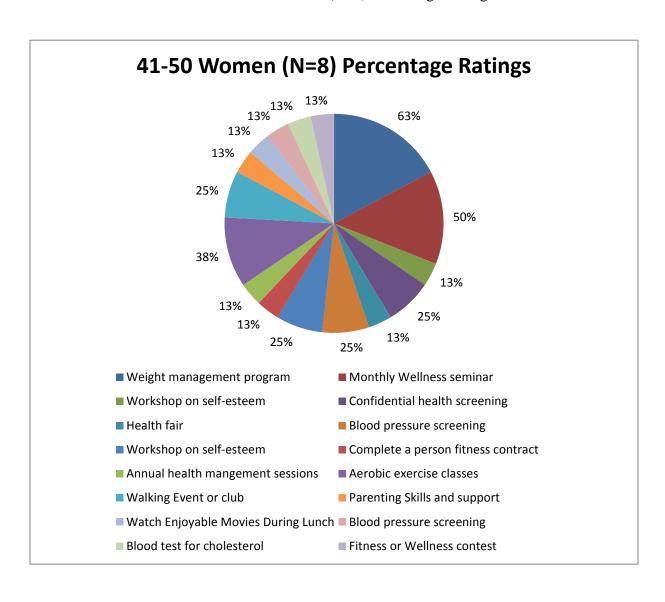
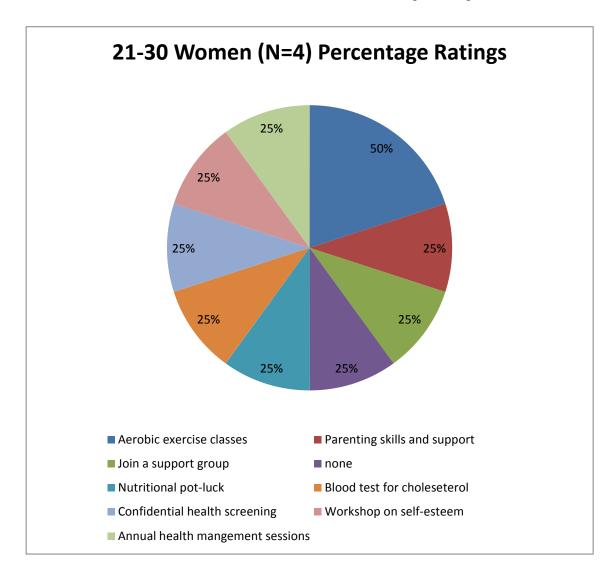


Table 13 shows women in the group that ranges from 21-30 focused on aerobic exercise classes at 50%. They also selected a workshop (25%) on self-esteem.

Table 13: 21-30 Women (N=4) Percentage Ratings



The next set of questions from the survey asked which of the following categories you would place yourself. (*Please check only one!*) Table 14-17 shows the responses based on gender and age. Some participants selected more than one response.

Table 14 displays men from the range of 41-60. One man responded twice and one did not respond. The consensus of two of the men is that they are concerned about their health. One wants to change some of his health behaviors, but struggle in following through. The other two are planning on making a health behavior change within the next 30 days.

Table 14: Wellness Survey Question: Which of the following categories would you place yourself?

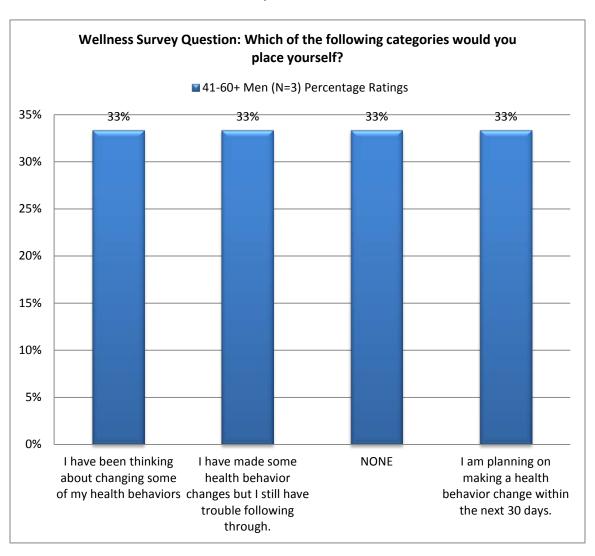


Table 15 shows women in the range of 51-60 that also face challenges with changing or following through with their health behaviors. Two selected they are planning on making a health behavior change within the next 30 days; One woman noted she's having trouble following through

Table 15: Wellness Survey Question: Which of the following categories would you place yourself?

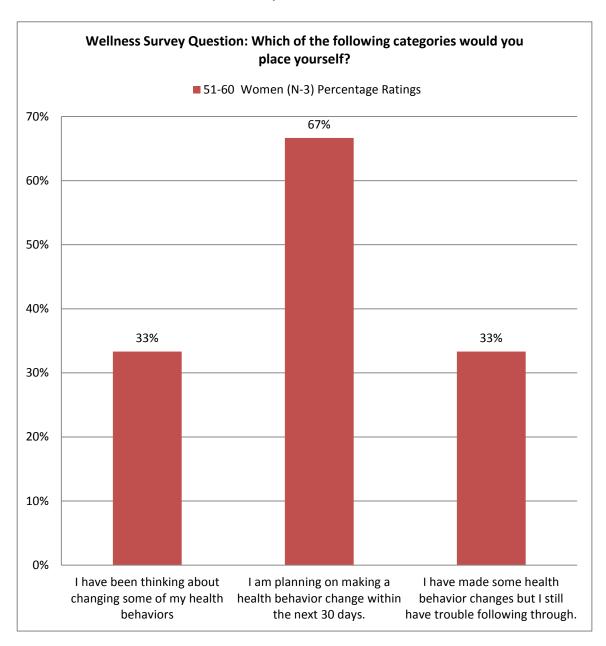


Table 16 describes women in the age range of 41-50. 50% selected the category that they have been thinking about changing some of their health behaviors. 38% struggles with following through and 25% are planning on making a change in their health behavior within the next 30 days.

Table 16: Wellness Survey Question: Which of the following categories would you place yourself?

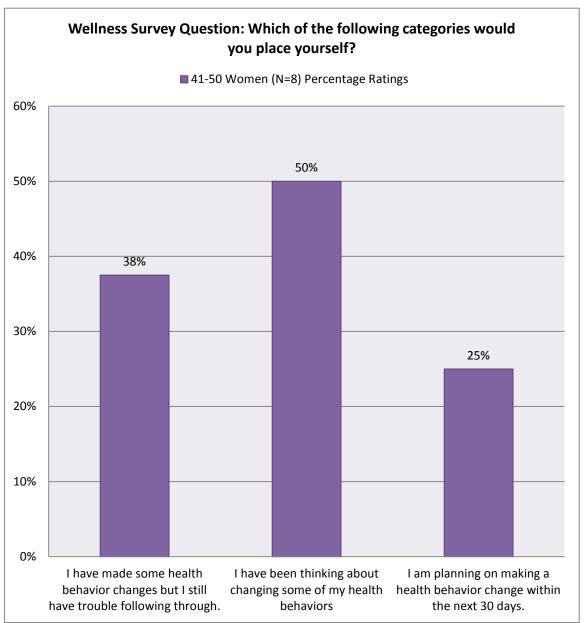
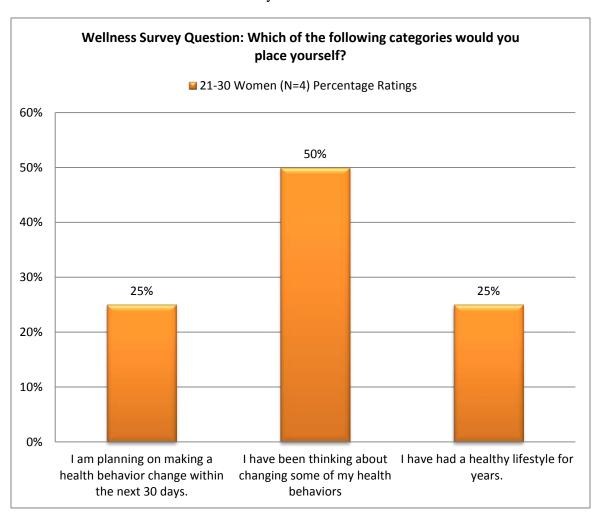


Table 17 indicates women in the range of 21-30. 50% selected they have been

thinking about changing some of their health behaviors. Out of eight participants, 3 out of 4 are planning on making a health behavior change within the next 30 days, and one felt she already had a healthy lifestyle for years.

The next set of questions from the Wellness Survey focused on the last six months how many days a person was absent due to illness, injuries, and visits to the doctor or hospitalization. **Appendix 159** explains the outcome based on gender and age as follows: 2 women in the range of 51-60 were absent 10 times and a man of 41-60 was also absent 10 times.

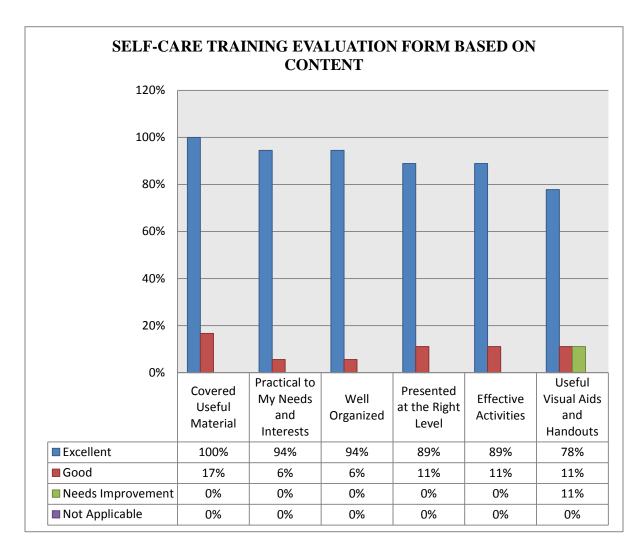
Table 17: Wellness Survey Question: Which of the following categories would you place yourself?



Training Evaluation Assessment: Self-Care of the Mind, Body & Spirit

The following Evaluation assessment form was completed for the Self-Care of the Mind, Body & Spirit on Friday, 6/21/13 and Saturday, 6/26/13. **Tables 18 and 19** indicate the outcome based on content and presentation for the combined sessions. The findings are based on the overall presentation of the session, which included other facilitators.

Table 18; Self-Care Training Evaluation Form Based on Content



SELF-CARE TRAINING EVALUATION FORM BASED ON **PRESENTATION** 120% 100% 80% 60% 40% 20% 0% Overall, how Instructor Instructor Instructor's would you Instructor's Covered Responded Presentation evaluate the Knowledge Material Well to Style training Clearly Questions sessions? ■ Excellent 89% 78% 83% 89% 100% ■ Good 11% 22% 17% 11% 0% ■ Needs Improvement 0% 0% 0% 0% 0% ■ Not Applicable 0% 0% 0% 0% 0%

Table 19: Self-Care Training Evaluation Form Based on Presentation

The overall findings for the training were excellent.

The Site Team and I were excited about the final training, more so because it was over. It was tiring to develop a training program and execute. We took a moment to reflect on the outcome while it was still fresh in our memories; although its videotaped. The team observed the participant's response to the training. They were attentive to all the facilitators and asked pertinent questions regarding various form of self-care. Some of the participants purchased some of the products; others stated they would buy some merchandises at a later date. They were open to trying something new; such as tasting various teas and using their sense of smell for the candles and oils. A comment made by a participant was more men should have participated in training as opposed to women. However, according to statistics most men do not follow-up on health issues for

themselves. Nevertheless, all of the participants felt the training was informative, not just for oneself but for using in their work environments. Several participants mentioned they would like for me to come to their work place and provide the stress, burnout and self-care training to employees and their clients. I was happy that God does extraordinary things using ordinary people who just want to be servants. Therefore, "TO GOD BE THE GLORY!" I immediately began writing and analyzing the data.

Interviews with Clinical Counselors

On July 11, 2013, at J-CAP's Main Treatment facility, I conducted individual post-training interviews in the conference room of 2 African-American women and 1 African-American man. I combined two forms of interviewing techniques using standardized open-ended interview and informal conversational. The open-ended interviews consisted of questions prepared in advance (**Appendix 162**). The interview consisted of a total of sixteen questions (**Appendix 27**). However, I asked additional questions about the topic, when necessary, to achieve the maximum opinions of the participants. All of the participants had already signed a consent form to be tape-recorded. Each participant responded to the same questions in the same order.

For each interview, I started by explaining what was going to happen, the purpose of this research, how the information gathered would be stored, reported, and how I would protect each person's identity. I gathered background information about the participant's age, educational, and work experience. I used the following objectives to see if the trainees had applied and/or implemented the concepts learned at the training in the work environment as well as for self. The purpose was to listen to the in-depth opinions from the counselors on stress, burnout, self-care and if their program supply

support for staff. Additionally, I wanted to listen to their ideas on an on-site Wellness Center. Consequently, the participants responded to all questions asked, I will be discussing those answers that I felt had the most profound impact on me, as well as pertinent information that would be useful for the project.

Ms. "B" is between the ages of 51-60 and has over twenty-two years of counseling experience from Queens General Hospital. However, working in a Therapeutic Community is a new experience. She has been at J-CAP for the past year. She has a BA in Sociology, M.A. in Urban Studies, Credentialed Alcoholism and Substance Abuse Counselor (CASAC) certification and is currently pursuing her Ph.D. at Fordham University. She was excited about the training. She stated, "All of the counselors would benefit from the training." She asked, "Would I discuss giving the training at J-CAP with the Clinical Program Director?" She said, "The information placed in each folder was extremely helpful. It has helped her to create a stress/burnout and self-care seminars, using the bio-dots, for the clientele."

When asked, "Do you feel stressed and/or burnout?" Ms. "B" indicated, "I was hired to be a Clinical Counselor. There are over 160 participants in the program. My caseload is from 15-20, but I find being a team player requires you to function in various capacities. This is when it becomes stressful." She became somewhat emotional and paused. What she said struck a chord within me and I made a notation to look at Frankl's book "The Meaning of Life" when I had the opportunity. Frankl writes referring to The Existential Vaacum, "No instinct tells him what he has to do, and no tradition tells him what he ought to do; sometimes he does not even know what he wishes to do. Instead, he either wishes to do what other people do (conformism), or he does what other people

wish him to do (totalitarianism)" When she spoke again, she said, "I do not believe in stabbing people in the back. I am a good person." I sensed that she wanted to elaborate on this point, but I elected not to become too personal by following up on this comment. I also knew I had two other people to interview. There also was a question that would give her the opportunity to emote. Instead, I asked her, "What do you do to reduce stress and burnout?" Ms. "B" responded, "I attend a lot of spiritual retreats, chat with other counselors, do meditation, and yoga. I believe in taking care of self."

I asked, "How would you perceive an on-site wellness center at J-CAP?" She indicated, "It should have bright colors on the wall with soft lighting and music. Classes should be offered on aroma therapy and various health issues. Spiritual books and pamphlets should be displayed. A counselor should be hired to provide support to staff without having to disclose their personal business to J-CAP. If J-CAP offered a wellness program, I would participate."

The final question I asked was, "If you had to define yourself without using your educational credentials, job status or family status, i.e., mother, father, wife, husband, child, etc., economic, race, or any other materialistic items, how would you define yourself? Ms. "B" began to cry. I asked why she was so passionate, and this is what she stated. "I know what is like to have so much and what it is like to have nothing.

Someone pulled me out of the muck and mire, and took me to a place to get help. I am a survivor of child molestation and domestic violence. I am a servant of God, and I see myself as an angel that he saved. I am here to give back what God has brought me

⁹⁹ Viktor E. Frankl. Man's Search for Meaning. (Boston: MA, Beacon Press, 2006), 106

through." I hugged Ms. "B," and said God loves you that much... Before the next interviewee arrived, I jotted down some of my thoughts.

The next interviewee was Ms. "G". She is between 41-50 years of age and is pursuing her CASAC Trainee certification through an on-line program. She had completed the required class work, and was looking to complete the required field work through an internship program. She was referred to J-CAP and became an intern in April, 2013. Ms. "G" stated, "I guess I was good at what I did because after several months, they offered me a position." At this point, of the interview, Ms. "G" was working for two weeks as an Intake/Legal Liaison. She explained, in details, her job responsibilities as well as receiving training as a Clinical Counselor. She currently has a caseload of 9, in addition to her other responsibilities. I asked Ms. "G," Does the program address a full range of needs to help the individual including medical, psychological, spiritual, social, and health wellness issues. She responded, "Yes, but I do not think they address the spiritual component." I asked her to elaborate. She stated, "I think various clergies of different religions should be allowed to come to the program at least once a month or every two weeks to discuss spirituality with clients that are interested." I asked her, did she suggest this to the Clinical Program Director about exploring this as a possibility? She said, "No."

I thought this was the perfect opportunity to lead into the next question. I asked, "what support does the program has for staff?" Before she responded, she hesitated. I reassured her that the interview would remain confidential. Therefore, she is free to speak candidly. Ms. "G," said, "I speak to some co-workers, but the lack of communication from the administration is not good because it is not consistent. One

administrator tells you one thing another tells you something different; no consistency!

The training you gave was right on-time for me. I was so glad that I attended the sessions. You provided so many tools to use to help me with distressing. I think they need to provide training for staff like that at least once a month or once a week. I wanted to make a difference in this field. I do not want to become disillusioned. What's ironic is that the stress does not come from the clientele, but peers and/or administration."

I asked her, "What is the environment like at J-CAP. "We are going through some facility changes, and I am somewhat confused. I had just adjusted to the environment, and now new things are happening. Like I said, a few moments ago; No communication yet you notice changes occurring around you, but the administration is not forthcoming with information." I asked her, "Do you feel stressed and/or burnout?" Ms. "G" responded, "At times, but I view myself as a chameleon; I'm adaptable." I laughed to myself as I recalled me using the same term "chameleon" to describe myself as a metaphorical equivalent in a paper I wrote for Pastoral Care. I wrote,

The chameleon is a tree-dwelling lizard that changes its color and not its substance, in order to protect itself from predators. This particular metaphor is apropos since people carrying out pastoral responsibilities must be adaptable to change. This change is to accommodate those that they are helping and not alter the authentic self. The change in my nature is to allow the Holy Spirit to do the work and use my body as the vessel. If I don't allow the Holy Spirit to do the work, I would be devastated upon hearing/listening to the stories of those that have faced much violence.

I wondered, to myself, did she mean the same thing. Nevertheless, I asked her, "What do you do to reduce stress and burnout?" She asked, "Do you mean before I had the training?" I did much praying. Now, I use a lot of the exercises you placed in the folder, and I continue to pray." She and I both laughed.

I asked, "How would you perceive an on-site wellness center at J-CAP?" She indicated, "It should have a tranquil impact. The lighting should be low, a water feature i.e., fish tank or water fall, self-help pamphlets on various topics, a counselor to speak with, table for employees can eat lunch, a soft couch and plants. The color black is my favorite, but the walls should be cream, beige, or a calming color."

To conclude, I asked if you had to define yourself without using your educational credentials, job status or family status, i.e., mother, father, wife, husband, child, etc., economic, race, or any other materialistic items, how would you define yourself? Ms. "G" first replied with laughter, which I saw as nervousness. She then said, "I'm a survivor, honest, good listener, loving, caring too much, not selfish and I am a child of God." I watched Ms. "G" and her eyes became filled with water. I asked her why her eyes were tearing up. She answered, "I am not a selfish person and I try giving 110% of myself. However, people are not appreciative, and every now and then you would like to hear the words, you are doing a good job, thank you. You know some recognition." She asked me, "Have you ever felt not appreciated." I responded, "Yes, a long time ago. I asked God to show me how to move past feelings of not being acknowledged by human beings. This is how God showed me; in all things give God the Glory. I began to acknowledge God in everything that he allows me to do as a servant of God. Irrespective of what I was doing and someone said thank you, good job; I gave God the Glory. As a result, when people do not recognize the work that God has called me to do, I give him the Glory, and it never bothers me if someone does not accept the work because God gets the Glory." Ms. "G" had this faraway look, and began repeating the words "To God Be the Glory." She then said, "I am going to remember these words. I am a survivor

because in 2005, on Father's Day, I was in a serious car accident. By all accounts, I was not supposed to live. However, the God I serve is able and have a purpose for my life. I have no one else who is going to love me the way God does. For this reason, I know I am a child of God." I thanked her for being her authentic self. She laughed through her tears, and said I am sorry the interview is over and hugged me. She asked did I want her to get the next interviewee, which I responded, yes. Again, I jotted down some notes as I waited.

Mr. "B" is between 41-50 years of age, and he is a client at J-CAP; however, before he relapsed he worked as a Clinical Counselor. He worked as a Clinical Counselor for the Women Prison Association (WPA), at Riker's Island. He indicated, "WPA is a non-profit organization that was established by the Quakers in the 1900's to assist women that were incarcerated. I have worked for the shelter and have been in the field some time." I was not cognizant of the WPA, and was interested in knowing its history. I researched their history and their website stated, in part, the following:

The Prison Association of New York was a fledgling advocacy organization when a group of women met with founder Isaac T. Hopper, an abolitionist Quaker, to establish a task force to investigate the conditions facing incarcerated women in nineteenth-century New York. After visiting New York City-area prisons, the women found that incarceration was often an inadequate response to criminality among New York's swelling immigrant population. Their recommendation was straightforward: "a home needs to be provided for the homeless; other doors need to be open to them than those that lead to deeper infamy." 100

When I asked did you have a CASAC, he replied, "No." He said, "I missed being grandfathered in by two months. I have 280 hours towards the supervised practical training that is required by OASAS, but I need 70 hours more before I can be eligible to take the examination." I asked are you working towards that goal. He stated, "I try to

136

¹⁰⁰ www.wpaonline.org (accessed August 20, 2013)

get as many hours as possible. My counselor is helping me to take online classes to earn the extra hours."

I asked, do you think the program address a full range of needs to help the individual including medical, psychological, spiritual, social, and health wellness issues. Mr. "B" was hesitant against speaking against the program. I reassured him that the information we discussed during the interview will be kept confidential. With that reassurance, Mr. "B," said, "I went through treatment back in the early to mid-1980 when the program was monitored by New York State's Alcohol and Drug Authority known as Division of Substance Abuse Services (DSAS) as opposed to OASES, the treatment plan focused on the "fair concept." [Interviewer asked what does "Fair Treatment" means.] He said, "It's a reward program that encourages positive behavior. For example, when I earn points or a voucher for remaining abstinent from drug use; or diligently work towards my rehabilitation. I can redeem these points or vouchers for rewards like going to movie, out to dinner or a weekend pass. These tangible rewards help to promote healthy behavior rather the negative ones I have practiced in the past. I think the fair method was a little different than what they have now. I guess because of my working in the field of investigation, at that time I understood there was a different type of anatomy. So it worked for them then. I believe that some of their methods can be useful in these times. I just believe that the methods that are using now are more focused towards harm reduction as opposed to abstinence. So do J-CAP fulfills my needs, I guess because I came in with a shopping bag, so to speak, of tools I am able to navigate my way to making it suffice for me. Medically, I do not honestly deal with their medical here. Um, it is hard for me because coming from the other side of the fence, and working with some

staff members that have a different type of training modality in teaching then what I am used to, which is a bit unorthodox for me. [Interviewer asks, in what way?] I think because of my experience in this field it becomes a little intimidating to some counselors, as honest as I can be. I think because they have that knowledge that I work in the same field; they pre-judge. I think it intimidates them because I am up front and honest. Um, I do not' challenge, I used to challenge, but I do not challenge anymore. Now I just sit back and try to accommodate. It becomes difficult because I am not used to this baby concept, whereby they coddle the clients. As blatant as I can be; I think it is more harmful than helpful."

Based on this dialogue, I asked Mr. "B" how he finds balance in obtaining what he came to receive from the program as opposed to viewing himself as a counselor. I also interjected, while these methods may not work for him, it is a technique that he may be helpful to clients he may counsel in the future when he returns to his profession. Why not see it as a teaching moment? He indicated, "I understand the flexibility, without a doubt, no doubt in my mind. I have been doing this since I was 21 years of age for Project Return. I clearly understand, believe me, I do. I also know me as an addict I can be manipulative, I understand that. I used drug for a long period time in my life, and I am using me as an example. So, I knew the things that worked for me when I needed to cop. I knew the things that worked for me. Like when I needed to get to a place to stay when I was homeless and hungry. I knew the tools that I can use to make it work for me. I think that what happens is I guess I see a lot of my old, old self in a lot of the clients that I happen to be with. So, I guess I see things a little different. So when I introduce myself, I always say my name is D.... B.... and I am different. I say that and people always ask

me why I say my full name. It is because I've had a lot nicknames and I am going to be 48 years old soon; I think I am too old to be having nicknames. I say I am different because I see things just a little differently." I said to Mr. "B" in 1 Cor. 13:11 states, "When I was a child, I talked like a child; I thought like a child I reasoned like a child. When I became a man, I put the ways of childhood behind me." Therefore, seeing things differently can be equated as transformative, which is an admirable thing. He concurred. Then said, "I think I do not have balance because I had not been attending church like I have in the past..." I asked, do you perceive the building as the church or is the church within you. He replied, "Both. Sometimes I need to be inside of the building, and other times I can read, meditating upon the word for myself. Either way, I know I am not consistent." I invited him to the church I attend, which is in walking distant from the facility when he wants to fellowship.

I asked him, what is the environment like at the facility? He replied, "Think they have potential to be extremely helpful. They have staff that wants to do the work with integrity. However, because there is such ambiguity, there is no clarity on what is acceptable and inappropriate behavior for clients. Although there are clear mandates it is not consistent, and it becomes confusing." I asked him, do you feel stressed and/or burnout. Mr. "B" indicated, "I am stressed most of the time." Was the training helpful to you? He said, "The training was extremely helpful, especially the bio-dots because it helps me to monitor my stress levels. I also share it with other participants. However, my stress is not attributed to programmatic issues. I see this building as a place where I can stay to clear my head and focus on the things I need to complete the program. My

counselor is not sure about how to guide me. Still, my goal is to complete the program by January, 2014. I have eustress, which is a good stress."

I asked Mr. "B" how one would perceive an on-site wellness center at J-CAP and would you participate in the program. He said, "I would participate in the program based on who was going to be over the wellness center. What's the point of participating if there is a conflict with that person who would be overseeing the project? Still, I would use different colors on the wall. For example, the ceiling would be painted bright yellow; one wall would be blue and I would make it bright in some areas; using lights with dimmers. I think one cannot appreciate the sun if one never has some darkness. Overall the area should be relaxing. Upon entering the room a counselor, if they have a stressful day, the atmosphere should calm them immediately."

Mr. "B" spoke about other issues pertaining to his daughter and nephew who encourage him. I asked him if you had to define yourself without using your educational credentials, job status or family status, i.e., mother, father, wife, husband, child, etc., economic, race, or any other materialistic items, how would you define yourself. He said, "I did the best with the information that I had available to me." I chose not to ask any further questions, and I thanked him for his honesty.

On July 13, 2013, I interviewed Mr. "R" who is 60+ years old and is biracial. His father is Hispanic, and his mother is from the Caribbean; he identifies himself as Hispanic. I had a 2:00 P.M. appoint with Mr. "R," and I arrived at the center at 1:45 P.M. I did not meet with Mr. "R" until 2:30 P.M. He immediately apologized and began telling me that when he arrived at work, they advised him he would be the on-site supervisor. In addition, he still was responsible for his other duties as a Clinical

Counselor; he was somewhat frustrated. I asked him would he like to postpone the interview. He said, no Ms. "P."

Mr. "R" is a Clinical Counselor and has been working for J-CAP for the past 2 1/2 years. I asked as a clinical counselor is there any credentials and/or licenses required and do you hold these credentials/licenses. He said, "I recently took the CASAC examination and failed, but not by many points. However, I was able to identify my area of weakness, which is the Intake/Screening process. I will be retaking the test soon. I also have some credits towards a Bachelor of Arts in Social Work." I asked, what is the patient-to-counselor ratio at the center. He replied, "20 to 1." That is a lot of clients. "Yes, and sometimes as the lead counselor, like today, I have responsibility for the entire building, which is approximately 160 participants."

I realized that Mr. "R's" time was limited because he was the main supervisor for the day and clients kept interrupting the interview. As a result, he closed the office door. Many of the questions, he answered with either yes or no and did not elaborate on his responses. He stated the program addresses all of the needs for the clients. He receives support by his supervisor by attending weekly meetings. Furthermore, he indicated that staff had participated in some stress management training last year. I asked him was that training helpful. He said it helped in the overall structure and direction of the program. However, due to various programmatic changes that have occurred recently, he has found that his stress level has increased; compounded with some personal issues. This is when Mr. "R's" responses were detailed.

He said, "I had to have eye surgery of my left eye, so I am actually returning to work within the past week. My aunt who was married to my uncle for over 50 years shot

and killed him for no apparent reason. This was my mother's brother, and because my mother is up in age, the family is trying to decide how to break the news to her." I asked Mr. "R" how you are handling the stress. He said, "I know I am not supposed to, but I drink a lot of coffee. I do have support from some of my peers. I do not belong to any organized religion, but I believe in God. I meditate and do much praying. Sometimes in my cubicle I will do some of the exercises that we learned from the training. I also realize, when necessary, take a walk."

I asked him how you would perceive an on-site wellness center at J-CAP. He replied, "It should have an on-site qualified counselor that is not affiliated with J-CAP. I would paint the room bright yellow, orange or beige; nothing dreary. It should have comfortable seating and a table. You know a place that represents peacefulness." When I asked Mr. "R" is there anything else he would like me to know, he said, yes I need a raise. I told him I could not help him, and we both laughed.

I asked him if you had to define yourself without using your educational credentials, job status or family status, i.e., mother, father, wife, husband, child, etc., economic, race, or any other materialistic items, how would you define yourself. He said, "I am a wonderful and caring person. From your date of birth to the day you die, you know your life line; I think people should take time to reflect upon accomplishments and how those achievements have been beneficial to others. Every day I strive to make a difference in other people lives because when it is all said and done, I want people to be able to say I made a difference in someone's life. I am thankful for J-CAP for giving me the opportunity to be able to serve my community. I have learned so much additional knowledge from the Clinical Program Director and some of my peers. It has been a great

experience." I thanked Mr. "R" for his truthfulness and allowed him to return to his responsibilities.

When I reflected upon the interviews and looked at some of the comments I had made, I surmised the following. Ms. "B" is a wonderful spirit, and I could identify with her being overwhelmed with emotions. When I began working at J-CAP as a Clinical Counselor, I too, at times, felt astounded about staff and administration's lack of support. The environment, although it is changing, it is not encouraging for people with higher education. Some staff only possesses the minimum requirements to work as a Clinical Counselor. The minimum requirement is a GED or a High School Diploma, and be eligible to apply for the CASAC examination is the required supervised hours. As a result, staff and administration have a tendency to be exclusionary. Joel Wixson asserts his reservations regarding Alcoholic Anonymous meetings. He states,

An outgrowth of the idea of earning one's seat is the suggestion of insider-/outsider-ness. If you have not earned your seat you are considered an outsider. You would not be excluded from attending meetings, but you would be expected only to attend "open meetings." In AA, open meetings are for anyone who might be interested in attending an AA meeting, problem with alcohol or not. Closed meetings are reserved only for those who have acknowledged a problem with alcohol. In an effort to protect the anonymous nature of the process, this dichotomy has been established. ¹⁰¹

Therefore, Wixson views himself as an "outsider" because he is not a member of AA. He further contends, "I am cast as an outsider. As an outsider, I can support insiders in their desire to stop drinking, but cannot "identify" with them," ¹⁰² in spite of the fact that he has worked in the field of substance and alcohol abuse for many years. A co-worker at HRA had prepared me mentally when I first began working at J-CAP. As a result, my need to

¹⁰¹ Sheryl A. Kujawa-Holbrook and Karen B. Montagno, *Injustice and the Care of Souls: Taking Oppression Seriously in Pastoral Care*. (Fortress Press, Minneapolis, MN 2009), 155

¹⁰² Ibid. 155

fit in was not daunting. I will share this information with Ms. "B" when we go on the retreat.

Ms. "B," at a recent staff meeting, suggested she wanted to create a Wellness Center at J-CAP, and the idea was not received by staff or administration. One counselor, who is also a co-labor of the gospel, called me to let me know Ms. "B's" intention. She said, "You know what is for you is for you. I believe God delegates specific assignments for each person. I did not mind her lifting up the idea, but she did not give credit where credit was due." I told the counselor, "You know some people do not understand the environment politics. What Ms. "B" does not know is I have approval from the Clinical Program Director for this project. I am glad that she was excited about the training, and sees the need for a Wellness Center at J-CAP. I said, to God be the Glory." The counselor agreed, and we ended the conversation.

Ms. "G" has limited work experience and continues to find her way. She is strong in her spirit, and I believe that she is going to make an excellent counselor. I also pray that she continues to seek higher education that may help boost her self-esteem. However, I know that boosting one's self-esteeming is a process. I believe one must speak truth to self and about one self. Furthermore, one must learn to face one's fears and learn from one's experiences.

When I looked at my notes, I made a notation that Mr. "B" continues to distinguish himself as a counselor and not as a client. He evaded answering the first portion of this question (How he finds balance in obtaining what he came to receive from the program as opposed to viewing himself as a counselor.) I wondered, to myself, how

this is going to have an impact on his recovery. I also think a part of his balance may be attending a church service.

Mr. "R" was my co-worker when I was at J-CAP. I was happy to interview him because he is one of the counselor's that is supportive of people with higher education because he believes in education. He works with integrity and truly wants to empower others.

Overall, I was thankful for the insight that the counselors provided towards creating a Wellness Center at J-CAP. I was happy they are attempting to live healthier lives by consciously eating well and trying to exercise. In addition, some have shared the information with others. What was interesting is that all of these counselors selected on the wellness survey, they would like training on self-esteem and spiritual awareness. Hopefully, the upcoming spiritual retreat will be a positive experience that will allow them to enhance their knowledge.

Wellness Center Vision

Extracting some of the suggestions from the counselors who are a part of the focus group, I am using this as a footprint for designing the Wellness Center.

Nevertheless, the most significant factor for a wellness center is that some form of transformation should occur, namely wellness. Whether wellness is defined through the mind, body and spirit, an individual should be restored to some form of wholeness, or at a minimum the individual should feel rejuvenated.

Paula K. Jilanis acknowledges Wayne Jonas (2006) of the Samueli Institute's Optimal Healing Environments (OHE) brochure. He contends, "...there are seven major areas when creating an optimal healing in care environments. These are easily

transferable to a center whose focus is wellness and healing. According to Jonas and Chez (2004), the optimal healing environment is one in which the social, psychological, spiritual, physical, and behavioral components of health care oriented toward support and stimulation of healing and the achievement of wholeness in our opinion, these components include:

- 1. Conscious development of intention, awareness, expectation, and belief in improvement and well-being;
- 2. Transformative self-care practices that facilitate personal integration and the experience of wholeness and well-being;
- 3. Techniques that foster a palpable healing presence based on compassion, love, and awareness of interconnectivity;
- 4. Development of listening and communication skills that foster trust and a bond, sometimes called the therapeutic alliance, between practitioner and patient;
- 5. Instruction and practice in health promotion behaviors that change lifestyle to support self-healing and the development of social support and service;
- 6. Responsible application of integrative medicine via the collaborative application of conventional and complementary practices in a manner supportive of healing processes;
- 7. The physical space in which healing is practiced, including characteristics of light, music, architecture, and color among other elements that include the impact on an OHE. (Jonas and Chez 2004, S-1) ¹⁰³

The counselors interviewed interjected many of these concepts. As a result, in visualizing the area in which the Wellness Center could be located at J-CAP, I used software called Home Designer 2014. This software allows me to experiment with the design ideas by allowing me to select from various styles, colors, wall coverings, flooring, and materials. This will give the project the look and feel that the counselors

Paula K. Jilanis, A Guide to Creating Your Wellness Center. (Bloomingdale, IN: Universe Inc. 2011) 63-65.

articulated in the interview. The software also has a feature that allows one to visualize the design with 3-D models and virtual tours.

In view of that, the following is a depiction of the Wellness Center at J-CAP. I used the software to create a square room that has the dimensions of a room at J-CAP. One wall is light green, which is the accent wall, and the color is carried up to the ceiling. The remaining walls are yellow in order to create a cheerful atmosphere as there are no windows in the room. On the ceiling, there are white crown molding and baseboard edgings for the bottom of the wall as well as brown laminated floors. A mirror is placed on the accent wall as it faces the doorway, and can reflect light from the corridor. Placed under the mirror is a lateral medium brown bookcase for reading materials. A couple of wicker baskets is placed inside the bookcase for storage. On top of the bookshelf is a tabletop waterfall. A CD player with various genres of music also sits on the bookshelf. Placed on the left side of the bookshelf is a brown full body shiatsu massage chair that reclines. A dorm size black stainless steel refrigerator is placed on the right side in the corner. Dimmers are placed on the light switch in order to control the lighting. In the left side of the corner, a round glass table with 4 chairs of different colors is placed. On the right side of the wall are a fuchsia glass desk with a red secretarial swivel chair, and a red oval lamp with a red striped shade for pops of color. Next to the desk are a hot/cold convertible freestanding/tabletop water dispenser, and a black entryway table to place various teas. An area rug is placed in the middle of the floor for both comfort and style. In the middle of the floor, there is a two-seater sectional with an ottoman and a modern coffee table. To finish off the room, pictures are placed on the walls.

Chapter10

Conclusion

People spend a significant amount of time on work-related activities; one's job is of paramount importance to one's identity and self-worth. Some people use their job to bring satisfaction and build their self-confidence. As a result, a job can also be a detriment to their health. The aim of this study was to describe and evaluate the relationship between stress, burnout and self-care with care providers working in Therapeutic Communities (TC). This research may be useful in heightening the awareness of the impact of stress and burnout within TC venues, and to provide a wellness center within J-CAP to support clinical counselors to reduce stress and burnout within their lives.

Oswald defined stress as, "... too much change or novelty, forces people to over use their adjustment capabilities, and after a while, they become either physically or emotionally ill." He also believes that stress and burnout are quite different animals." Burnout often is mistaken for stress because the symptoms may be quite similar. However, distinctions are made because stress can aggravate burnout, but it is not the main source of burnout. Caputo provides the "burn-out" metaphor implied by Muldary's (1983) visual impressions in the following manner:

¹⁰⁴ Roy M. Oswald, Clergy Self-Care: Finding A Balance for Effective Ministry (Herndon, VA: Alban Institute Publication, 1995), 57

It is common sense to conclude that someone who "burns out" must have been "on fire" at some time. In this connection the term was once used as a loose psychiatric label for psychopaths whose chronically antisocial behavior seemed to die out after the age of forty. It was also used, and still is in some contexts, as a street label for people who appear to be emotionally and mentally disorganized because of chronic drug use." In other words, employees' energy or capacity to work can diminish over time when the work environment does not provide resources and is especially demanding. 105

In summary, burnout can be defined as feelings of exhaustion, a cynical attitude toward the job and people involved in the job and through a reduced personal accomplishment or work efficiency. In an intrinsic interpretation burnout takes away a person's spirit and will. Contrary to a popular understanding, burnout can be found also outside human service professions.

Nevertheless, up to this point, there has been concerned with understanding, but not with its practical application between the relationship that is consistently implied in literature about stress and burnout; although other terminologies have evolved to explain the concepts or symptoms. For example, psychoanalytical professionals i.e., Saakvitne and Pearlman describe vicarious traumatization as a disruptive and painful mental impact of working with victims of trauma that result in a reorganization of cognitive schema such as trust, dependency, and power. Other scholars have argued that vicarious traumatization is also the result of repeated exposure to client's traumatic disclosures, empathic engagement and sense of responsibility for clients. However, signs of vicarious traumatization include frustration towards clients and feelings of powerlessness that is also attributes to stress. According to Figley, "Compassion Fatigue is defined as "the stress resulting from helping or want to help a traumatized or suffering person." He contends this is a more progressive condition than vicarious traumatization and is often referred to as "secondary traumatic stress". On the other hand, it is necessary to

¹⁰⁵ Janette S. Caputo, STRESS and BURNOUT in Library Service (Phoenix, AZ: Oryx Press, 1991), 4

Charles R. Figley, Ph.D., Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized (New York, NY: Routledge Taylor & Francis Group, 1995), 1-2

understand what aspects of the self-care most strongly help to reduce stress and burnout for those working in TCs.

According to the stress and burnout assessments conducted with two groups for this project that consisted of care providers from TC and an empowerment women's group that work in different backgrounds, it was determined that all participants were stressed and some suffered with burnout. Many experienced stress because of long work schedules, shift work or general workload, they may not experience burnout. According to a national survey conducted by the American Psychological Association (APA) on stress in America and released in 2010,

One in five American adults (22 percent) believe themselves to be in fair or poor health, and those adults who rate their health as fair or poor also report higher levels of stress and are more likely to report physical symptoms of stress than those who rate their health as excellent or very good. Similarly, those who rate their health as excellent/very good are more likely to report that healthy behaviors are extremely/very important to them and that they engage in healthy behaviors than those who rate their health as fair or poor. Those who are obese report similar outcomes as those who perceive their health to be fair or poor. Both groups report high levels of stress and high incidences of emotional symptoms of stress. ¹⁰⁷

In addition, some participants alluded that their stress symptoms may be more physical rather than emotionally; but the opposite holds true for burnout. Burnout produces helplessness. Emotions associated with stress are over-reactive, and those associated with burnout are more diminished. For example, at the training the Wellness Survey asked, "Would you participate in any of the following wellness activities on a regular basis if they were offered at work? (Check all that apply), every group, irrespective of age and gender, selected a workshop on self- esteem. Furthermore, the overall combined Personal Burnout Quotient Assessment Response Ratings for the participants regarding the following statements, "I believe that if you do a thing at all, you

¹⁰⁷ www.apa.org/news/press/releases/stress/national-report.pdf (accessed September 3, 2013) p. 15

should do it well. My career is extremely important to me." The scores were 61% for both statements, are 11 out of 18 participants rated the statements as being very true. Therefore, some of the trainees can be perceived as over achievers based on their scores. The Oxford Dictionary defines over achievers as "one who places too much importance on being successful." They are at risk for burnout because they may set unrealistic and extremely high expectations for themselves.

In any event, similarly or differences of a person does not have an impact on the process of burnout. However, some psychologists contend personality traits—such as, low-esteem, hopelessness, high levels of competitiveness, the need to control, high job expectations, may have a higher prospective of increasing burnout. Burnout not only affects the health of the individual physically and emotionally, but it impacts the organization. The negative effect on an organizational level is reduced job performance, organizational commitment, lower job performance and higher intention to leave the job. Therefore, it is necessary to incorporate self-care techniques that can help to reduce stress and burnout.

Self-care is usually associated with getting adequate exercise and proper nutrition. Some people often will do some self-care techniques to reduce stress and/or burnout such as pampering themselves or doing things to maintain their well-being outside of the work environment. The practice of self-care is also done either before or after work, but oftentimes it is not done during the work hours. All the same, being at work does not mean one should not practice self-care. In a TC, the total number of hours clinical counselors spend weekly at work may have a crucial impact to their well-being. Many of them spend more time with colleagues and the cliental then their actual family. Balancing work, family and personal life are a

challenge. Therefore, practicing good professional self-care is crucial especially for clinical counselors.

It is vital to maintain professional boundaries to avoid professional misconduct.

Benjamin Franklin is credited for the quote, "If you fail to plan, you are planning to fail!"

Towards this end, proper time management skills is what allows one to be creative and make progress in different areas of one's life, and still maintain control over one's stress and energy levels. This require that an individual prioritize one's activities and not procrastinate; thereby, maximizing a sense of control. Organizing one's time efficiently, allows one to adapt to unplanned and/or unpredictable situations. It is necessary to take time for lunch breaks, a brief walk, socialize with co-workers or listen to relaxing music. However, the most significant part of professional self-care is to know one's limitations and able to say "no." Learning how not to commit to a project, assignment or committee position without first considering your personal needs and available resources, and whether it will lead to overextending one's self, which would compromise one's self-care.

With this in mind, this research indicated that 94% responded they would personally participate in a Wellness Program if they were offered one (**Appendix 158**). The personal needs of what each participant would like addressed in the Wellness Center circumvented around weight reduction, spiritual needs, self-esteem workshop, exercising and various workshops that discussed medical/health information. They also would like the Wellness Center environment to be one that is conducive for relaxing their mind, body and spirit.

Nevertheless, creating a wellness center within a structured environment requires financial support and allocated space. At this time, due to the economic climate for some non-profit organizations, J-CAP does not possess the finance to create a Wellness Center. While

working on this project, they lost the lease on the buildings that house their Orientation and Re-Entry Programs. The Orientation Program had to be relocated to the Main Treatment facility. Eventually, Re-Entry will be relocated to the same building by the end of the year. Therefore, there is no additionally space to create a Wellness Center.

Furthermore, the lack of funds to acquire resources or for training and technical assistance on self-care to be provided to J-CAP Clinical Counselors does not appear to be feasible at this time. The focus on bringing in external resources also suggests that some administrators view self-care programming as something that is accomplished in a one-time training. Furthermore, due to limited resources for self-care programs, administrators are integrating self-care concepts into existing tasks of the supervisors, or by devoting a portion of staff meetings to self-care training and education. During the one-on-one interview Mr. "R" stated, "I receive support by my supervisor when I attend weekly meetings." Likewise, he indicated that staff had participated in some stress management training last year.

Administrators may be creative for providing self-care instruction. However, they are increasing the risk factors of stress and burnout among their supervisory staff by adding additional tasks they may or may not be equipped to handle. This approach may hinder the precise purpose administration may be trying to obtain in reducing burnout/stress among their support staff.

A result of this financial crisis has raised the stress and burnout levels of the clinical counselors. Some counselors lost their jobs, and these positions have not been replaced. Even when they are, remaining staff are expected to pick up the slack until the replacements are hired, trained, and fully integrated into program operations. When experienced counselors leave unexpectedly, clients are deprived of their knowledge, and such departures are particularly

difficult for clients who are already dealing with trauma. Some clients may have bonded with their counselor, and they suddenly leaves, such a break could cause the client to internalize and blame themselves for the counselor's departure. It appears that J-CAP's administration is working towards creating a peaceful environment in order not to alarm the clientele. This approach may be working for some of the clientele. However, a client that relapsed and was a clinical counselor from another program noted the following during the interview. I asked him, what is the environment like at the facility? He replied, "Think they have potential to be extremely helpful. They have staff that wants to do the work with integrity. However, because there is such ambiguity, there is no clarity on what is acceptable and inappropriate behavior for clients. Although there are clear mandates it is not consistent, and it becomes confusing." All of the counselors that were interviewed alluded to the additional stresses they are incurring as a result of the above circumstances.

The findings from this project correlate with some existing literature: many victim services professionals, in particular clinical counselors, are at risk for stress, burnout, vicarious trauma, and compassion fatigue through their relations with traumatized people. If J-CAP's administration becomes consistent in increasing knowledge of effective self-care initiatives, it could help to build resilience against the above symptoms. This could help the organization to identify the problems before it has a severe impact on the overall operation.

Finally, in speaking with the Clinical Program Director, who supervised me while I worked as a part-time Clinical Counselor at J-CAP, he stated he would like to train me as his Deputy Director. I said, "I have no interest in working a full-time job at this time." As a result, he asked that I think about coming back to work as a Social Worker once I graduate. I have not given a response, as yet. He is also assisting me to complete the application for obtaining

certification from New York State (NYS) Credentialed Alcoholism and Substance Abuse Counselor. I will most likely return to my previous position as a part-time counselor doing domestic violence workshops with the participants. I am reminded that in all things, I will continue to let God direct my path as a servant of Christ.

APPENDICES

APPENDIX 1 Proposal

ON-SITE COUNSELOR'S WELLNESS CENTER: THE DEVELOPMENT/ENHANCEMENT OF SELF-CARE TECHNIQUES TO AVOID BURNOUT

BY

FELICIA Y. PINCKNEY-BULLOCK

A DEMONSTRATION PROJECT PROPOSAL

New York Theological Seminary 2012

CHALLENGE STATEMENT

Queens Village Committee for Mental Health Inc., J-CAP is a therapeutic community that treats substance abuse and related problems. J-CAP acronym stands for **J**ust **C**aring **A**bout **P**eople and is located in South Jamaica, Queens, New York. I have become aware that some of the clinical counselors are suffering from burnout. This demonstration project will create an on-site Counselor's Wellness Center to assist Clinical Counselors in developing and enhancing their self-care techniques to avoid burnout. A manual will be created, enabling other sites to replicate this Center.

Table of Contents

CHAPTER 1 INTRODUCTION TO SETTING	
J-CAP'S RESIDENTIAL ORGANIZATIONAL STRUCTURE	
FOCUS SITUATION: CLINICAL COUNSELORS	165
CHAPTER 2	
PRELIMINARY ANALYSIS OF THE CHALLENGE	169
CONCEPTS OF STRESS	12
CONCEPTS OF BURNOUT	
CONCEPTS OF SELF-CARE	21
CHALLENGE STATEMENT	
KNOWING THYSELF: SELF-CARE TECHNIQUES	23
CHAPTER 3	
PLAN OF IMPLEMENTATION	36
	50
CHAPTER 4	
RESEARCH QUESTIONS	41
CHAPTER 5	
EVALUATION PROCESS	43
CHAPTER 6	
MINISTERIAL COMPETENCIES	44
WIINISTERIAL COWI ETENCIES	
APPENDICES	
APPENDIX 2: TIMELINE SAMPLE	48
APPENDIX 3: BUDGET SAMPLE	
APPENDIX 5: SRRS SELF-ASSESSMENT FOR STRESS	
APPENDIX 9: PERSONAL BURNOUT QUOITIENT SELF-ASSESSMENT	236
APPENDIX 14: EVALUATION FORM	
APPENDIX 15: SELF-CARE ASSESSMENT	
APPENDIX 24: EMPLOYEE WELLNESS CENTER SURVEY	254
BIBLIOGRAPHY	62

CHAPTER I INTRODUCTION TO THE SETTING

HISTORICAL BACKGROUND

In 1968, Thomas White, Jr. co-founded and was the first Executive Director of the Queens Village Committee for Mental Health Inc., J-CAP. The acronyms stand for **J**ust Caring **A**bout **P**eople. He established J-CAP in a storefront as an outreach center for drug and alcoholic information and prevention that is located in South Jamaica, Queens, New York.

I grew up in South Jamaica, and in 1978 I was pursuing an undergraduate degree at York College. My psychology professor gave an assignment that entailed the students visit a support group. I elected to go to J-CAP and this is where I met the late Thomas White, Jr. who was conducting the Alcoholic Anonymous meeting. He began the meeting by sharing his story.

In part, he had stated that he grew up in the South Jamaica area where he used drugs, sold drugs and was a panderer. When he was incarcerated, he had an epiphany and wanted to change his life. After his incarceration and returning to his childhood neighborhood he saw the destructive impact that drug and alcohol abuse had in the community. He felt that he had

contributed or was partially responsible to this devastation and wanted to make a difference in the community, and society.

He decided to pursue his B.A. degree and his M.A. in Social Work. Thomas White, Jr. went on to become the City Councilman for the 28th Council District, serving two terms. The 28th District includes the neighborhoods of Jamaica, South Jamaica and Richmond Hill. He believed in higher education and individual self-empowerment that provided wholeness to many. Thomas White Jr. passed away on August 27, 2010.

INTRODUCTION TO SETTING

Nevertheless, Thomas White Jr., provided guidance to J-CAP for over 30+ years. J-CAP has evolved to meet many social problems that have impacted the community. It is also one of the largest Residential Treatment facility's servicing people throughout the tri-state areas. It is a community based non-profit agency consisting of a residential substance abuse treatment program for adults (18+). J-CAP also provides services to the following clientele; teen parents/youth-at-risk, those infected and affected by HIV/AIDS, Veterans Program and New Beginnings (Teen Pregnancy & Youth Services).

The New York State (NYS), Office of Alcoholism and Substance Abuse Services (OASAS) monitor's the activities of J-CAP. They are responsible for licensing, funding, and supervising community-based programs that provide services to chemical dependents population and other wide-ranging services. The agency inspects and monitors programs throughout NYS to guarantee quality of care and to ensure compliance with state and national standards. They also provide education training for

persons dealing with this populace. They oversee the credentialing of alcoholism and substance abuse counselors in addition to prevention consultants and prevention professionals.

What began in a storefront as an unconventional set-up has grown to three additional, separate fully operational, facilities. It was formed based on the self-help Therapeutic Community (TC) model. According to George De Leon a TC is "...a powerful treatment approach for substance abuse and related problems in living. The TC is fundamentally a self-help approach, evolved primarily outside of mainstream psychiatry, psychology, and medicine." J-CAP's Mission Statement includes the concept of a TC and is noted on their website in the following manner:

... J-CAP organization is to help people learn to help themselves. J-CAP's Therapeutic Community (TC)* is designed to reach and direct people toward recovery through dynamic personal growth and social interaction. All participants in our TC are welcomed into a supportive residential environment with respect and shown responsible concern regardless of their gender, race, political ideas, religious beliefs, or medical, physical or mental disabilities. We are mindful of the past yet focused on the future.

In all our programs, we aim to reclaim disordered lives by improving our attitudes, outlooks and behaviors. J-CAP encourages responsibility at the individual, family and community levels. We strive to safeguard public health and safety and to promote a drug and violence-free society as a caring community. We value our human and civil rights to education, health, dignity, privacy, confidentiality, and a desire to achieve real freedom from exploitation and harm. At the heart of the TC mission is action to maximize opportunities for mental, physical, spiritual, emotional and cultural development. ¹⁰⁹

J-CAP'S RESIDENTIAL ORGANIZATIONAL STRUCT URE

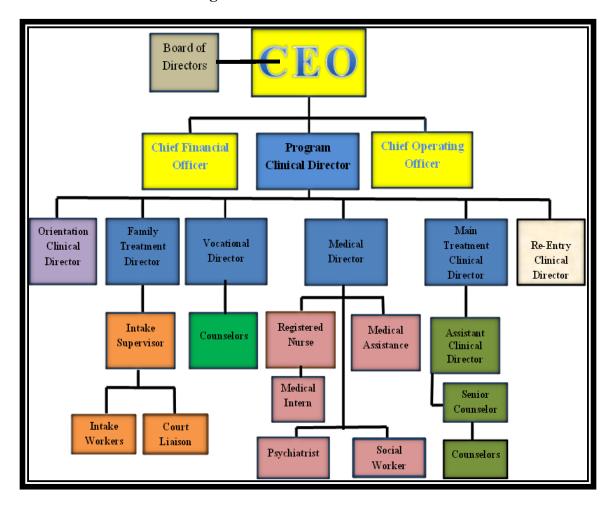
J-CAP's drug program organizational structure is composed of three phases:

¹⁰⁸ George De Leon, *The Therapeutic Community: Theory, Model, and Method* (New York, NY: Springer Publishing Company, Inc., 2000), 3.

¹⁰⁹ http://www.icapprograms.com/mission.html, (accessed July 7, 2012).

Orientation, Main Treatment and Re-Entry. The first step is the Intake process. Intake is located in the Main Treatment building and consists of three workers: 1 Screening Worker, 1 Court Liaison, and 1 Assessment Worker.

J-CAP's Main Treatment Organizational



The Intake Supervisor approves the final paperwork. Once the client is accepted into the program, they begin the Orientation phase that will become part of a 30-45 day Orientation process. The Orientation Clinical Counselors will make assessments based on the individual's need; the resident's adapting to their new environment and becoming familiar with J-CAP rules and regulations. J-CAP has a family association

that they encourage family members to join in order to support their loved ones, and for themselves because addiction affects the family.

The second phase, is Main Treatment, is more demanding as the resident has to face many of their problems as part of the therapy process. The Main Treatment facility, when at full capacity, can house 160 participants, consisting of 120 men and 40 women. The primary recovery phase of the program lasts about 6+ months. Emphasis is placed on changing negative behavior patterns, accepting responsibility, and developing self-esteem. The program provides vocational and educational training, with an accent on good work habits, social skills, and decision making. Residents will learn to become more goal-oriented and will be able to take advantage of some unique opportunities.

Residents learn how to deal with the physical, emotional, spiritual, and mental aspects of drug use. Residents receive marketable job skills through training and experience areas such as accounting, secretarial/clerical, computer data entry, food services, public relations, sales/telemarketing, automotive repair, building maintenance, landscape maintenance, carpentry, management training, and counselor training.

Learning these skills helps a resident become a productive member of the community, and boost self-confidence and self-esteem when they leave J-CAP.

The residents receive group counseling to learn how to confront their peers about behavior and attitudes, give positive feedback on changes that can be made, and protect egos by condemning behaviors not people. During individual counseling, professional counselors help residents develop both short and long-term goals and direct them in how to accomplish them. There is a Vocational Director and 2 counselors on staff,

which assist residents to earn a General Equivalency Diploma (GED) if they don't already have a high school diploma. Computer training courses are available at an onsite computer lab, as well as pursuing college or vocational training while in treatment. In addition, within the Main Treatment building there is a Medical Department that consists of a Medical Doctor, Medical Assistance, two Registered Nurses, Psychiatrist and a Social Worker.

During the last 3-4 months of the treatment process known as Re-Entry, residents will receive the tools needed to successfully re-enter the outside community. Re-Entry is located in a separate building. Once the resident is assigned to Re-Entry, another clinical counselor is assigned to their case to ensure that the resident continues to actively work towards their long term goals. This may include furthering their education, seeking employment and housing. In order to make a smooth transition to living independently, the residents continue to work on developing positive relationships with friends and family. They are advised to seek community based support services before leaving the TC to eliminate any stressful situations to prevent a relapse situation.

The primary setting for this proposal is J-CAP's Residential Substance Abuse

Treatment, in particular their Main Treatment component. Based on the TC model the residents actively participate in each other's treatment in a structured environment.

Responsibility for the daily operation of the community, such as housekeeping and meal preparation, is shared by the residents. Community members earn status and privileges as part of the recovery process. One of J-CAP's mottos is "You alone can do it...but you cannot do it alone."

FOCUS SITUATION: CLINICAL COUNSELORS

It is the Clinical Counselor that provides guidance to the clients during their entire recovery process. De Leon points out,

To enhance this therapeutic alliance between individual and the community and to foster the process of mutual self-help recovery, staff must engage various functions and activities. These multiple role attributes may be summarized and separately described as facilitator/guide, counselor, community manager, and rational authority. ¹¹⁰

This proposal will target Clinical Counselors in order to assist them in developing and/or enhancing their self-care techniques to avoid burnout. De Leon suggests

...clinical program staff are those who have successfully recovered in the TC. Or, they may have been involved in self-help recovery outside of the TC, usually through a 12-step program.

A smaller number of clinical staff are those without histories of substance use problems. However, they have experienced recovery from other disorders—physical or psychological—or have undergone profound changes in personal growth related to other life crises. In any case, their eligibility as guides comes from their intimate knowledge of the change process through personal experience and in years of first-hand observation of substance abuse recoveries. Notably, they understand the TC perspective and the type of personal experiences needed to produce lasting change. 111

There are 10 Clinical Counselors assigned to the Main Treatment facility. As stated previously, when at full-capacity, the Main Treatment facility house 160 residents. As a result, a caseload can rise to approximately 23 cases per counselor. They are required to meet twice a week with clients for individual sessions, hold a group session once a week, ensure that all sessions are electronically documented and copies filed in case records.

¹¹⁰ George De Leon, *The Therapeutic Community: Theory, Model, and Method* (New York, NY: Springer Publishing Company, Inc., 2000), 152

¹¹¹ Ibid., 153

The counselors wear many hats such as community manager and rational authority and are responsible for running "House Meetings." This practice is created to provide accountability of all participants in the program and their whereabouts.

Additionally, it is during "House Meetings" that all issues are confronted and addressed. These issues can stem from participants who may be on learning experiences for some offense they may have committed i.e., relapses, behavior modification, stealing, etc. It is also to provide encouragement to the participants and recognize their achievements. The clients are also able to address their peers. It is usually overseen by the Clinical Program Director, Deputy Director or the Senior Counselor but any staff member can address the "Family." Staff working in a TC chemical dependency program are oftentimes viewed as an organizational family system, assuming many family dynamics are replicated in the organization systems. This means that the same issues that can be found in dysfunctional families within our society can be found in these programs. De Leon asserts,

TC programs also view themselves as families, or rather surrogate families that correct historical injuries from the dysfunctional families of the clients they serve. Thus, the TC strives to sustain the main characteristics of the "good" family: structure to provide order in daily living; nurturance through physical and psychological safety; individual acceptance and encouragement, conditional only upon honest participation in the struggle to change; and the transmission of values through a daily regimen of activities for social learning. ¹¹²

There are many conditions within a TC that can produce a wide range of maladaptive behaviors that can manifest stress and cause burnout for the clinical counselor. The following chart is adopted from Karen W. Saakvitne and Laurie A. Pearlman, in which they define "Vicarious Traumatization [as] a transformation of the helper's inner

¹¹² Ibid., 28

experience, resulting from empathic engagement with clients' trauma material." ¹¹³ In other words, these are factors that increase our vulnerability. Saakvitne and Pearlman claims.

Vicarious is a process, not an event. It includes our strong feelings and our defenses against those feelings. Thus vicarious traumatization is our strong reactions of grief, rage, and outrage, which grow as we repeatedly hear about and see people's pain and loss and are forced to recognize human potential for cruelty and indifference, and it is our numbing, our protective shell, and our wish not to know, which follow reactions. These two alternating states of numbness and overwhelming feelings parallel the experience of PTSD. 114

Clinical counselors as they become aware of stressors that may lead to burnout, they must also learn to promote self-care that will provide quality service to their clients.

¹¹³ Karen W. Saakvitne and Laurie A. Pearlman. *Transforming the Pain: A Workbook on Vicarious Traumatization*. (New York, NY: WW. Norton & Company, 1996), 40

¹¹⁴ Ibid., 41

VICARIOUS TRAUMATIZATION

Signs and Symptoms

General changes

- No time or energy for oneself
- Disconnection from loved ones
- Social withdrawal
- Increased sensitivity to violence
- Cynicism
- Generalized despair and hopelessness
- Nightmares

Specific changes

- Disrupted frame of reference
- Changes in identity, world view, spirituality
- Diminished self-capacities
- Impaired ego resources
- Disrupted psychological needs and cognitive schemas
- Alterations in sensory experiences (intrusive imagery, dissociation, depersonalization)

Contributing Factors

The situation

- Nature of the work
- Nature of the clientele
- Cumulative exposure to trauma material
- Organizational context
- Social and cultural context

The individual

- Personal history
- Personality and defensive style
- Coping style
- Current life context
- Training and professional history
- Supervision
- Personal therapy

CHAPTER 2 PRELIMINARY ANALYSIS

PRELIMINARY ANALYSIS OF THE CHALLENGE

In August, 2011, God ordered my steps to work with the recipients at J-CAP as a Clinical Counselor. However, I came to realize that the actual work was to be a light within that community for the counselors. In observing and speaking to some of the counselors, I noticed some of them were agitated on a consistent basis. Their responsibilities as Clinical Counselor's as discussed in the previous chapter are demanding emotionally, mentally and physically. Furthermore, because of their long term involvement with other people in emotionally demanding situations, they are a high risk for stress and burnout. Kornfeld asserts, "Burnout is not uncommon to helping professionals." I shared my insight with the Site Team.

I am a full-time employee with the New York City, Human Resources

Administration and employed with J-CAP as a part-time Clinical Counselor. I am

pursuing a Doctorate Degree and am a wife, mother, and an Associate Minister. I had
become aware of my own vulnerability in dealing with stress and feeling burnout.

Sometimes, the message is first received by the messenger. The Site Team concurred that stress and burnout was something that each of us had experienced within our lifetime because it is not indicative to a specific environment. The team began to

Margaret Kornfeld, *Cultivating Wholeness, A Guide to Cure and Counseling Faith Communities* (New York: Continuum International Publishing Group, 1998), 282

brainstorm the concepts of stress, burnout and how the two correlate to each other. Additionally, we focused on how we could support the health of the service providers by bringing self-care within the J-CAP therapeutic community. This would be living up to J-CAP's motto, which means "Just Caring About People because it is promoting the health of both staff and clients. It was based on this dialogue that the Site Team developed, in part, the following CHALLENGE STATEMENT:

Queens Village Committee for Mental Health Inc., J-CAP is a therapeutic community that treats substance abuse and related problems. J-CAP acronym stands for Just Caring About People and is located in South Jamaica, Queens, New York. I have become aware that some of the clinical counselors are suffering from burnout. This demonstration project will create an on-site Counselor's Wellness Center to assist clinical counselors in developing and enhancing their self-care techniques to avoid burnout. A manual will be created, enabling other sites to replicate this Center.

CONCEPTS OF STRESS

The Site Team began by first recalling how we felt when we encountered stress in our lives, i.e., emotional crisis, suffering from physical ailments, and overall mood swings. Upon further research, it was interesting to find that the terminology "stress" was essentially unknown until 1936. The first reporting was by Hans Selye while he was doing research in this area. The American Institute of Stress published an article on their website, entitled "REMINISCENCES OF HANS SELYE, AND THE BIRTH OF "STRESS," written by Paul J. Rosch, M.D., F.A.C.P. It states, "Selye observed that patients suffering from different diseases often exhibited identical signs and symptoms. They just "looked sick". This observation may have been the first step in his recognition of "stress." He later discovered and defined the General Adaptation

Syndrome, which is a response of the body to demands placed upon it."¹¹⁶ According to The Essence of Stress Relief website, Selye's theory has three stages. Within these three stages of stress there is a reaction, which makes-up the General Adaptation Syndrome.

ALARM STAGE: Your first reaction to stress recognizes there's a danger and prepares to deal with the threat, a.k.a. the fight or flight response. Activation of the HPA axis, the nervous system (SNS) and the adrenal glands take place. During this phase the main stress hormones cortisol, adrenaline, and noradrenaline, is released to provide instant energy. If this energy is repeatedly not used by physical activity, it can become harmful. Too much adrenaline results in a surge of blood pressure that can damage blood vessels of the heart and brain – a risk factor in heart attack and stroke. The excess production of the cortisol hormone can cause damage to cells and muscle tissues. Stress related disorders and disease from cortisol include cardiovascular conditions, stroke, gastric ulcers, and high blood sugar levels. At this stage everything is working as it should – you have a stressful event, your body alarms you with a sudden jolt of hormonal changes, and you are now immediately equipped with enough energy to handle it.

RESISTANCE STAGE: The body shifts into this second phase with the source of stress being possibly resolved. Homeostasis begins restoring balance and a period of recovery for repair and renewal takes place. Stress hormone levels may return to normal but you may have reduced defenses and adaptive energy left. If a stressful condition persists, your body adapts by a continued effort in resistance and remains in a state of arousal. Problems begin to manifest when you find yourself repeating this process too often with little or no recovery. Ultimately this moves you into the final stage.

EXHAUSTION STAGE: At this phase, the stress has continued for some time. Your body's ability to resist is lost because its adaptation energy supply is gone. Often referred to as overload, burnout, adrenal fatigue, maladaptation or dysfunction – Here is where stress levels go up and stay up! The adaptation process is over and not surprisingly; this stage of the general adaptation syndrome is the most hazardous to your health. Chronic stress can damage nerve cells in tissues and organs. Particularly vulnerable is the hippocampus section of the brain. Thinking and memory are likely to become impaired, with tendency toward anxiety and depression. There can also be adverse function of the autonomic nervous system that contributes to high blood pressure, heart disease, rheumatoid arthritis, and other stress related illness. 117

American Institute of Stress, http://www.stress.org/about/hans-selye-birth-of-stress/ (accessed December 17, 2012).

¹¹⁷ John Doe, "Hans Selye's General Adaptation Syndrome." <u>www.essenceofstressrelief.com/general-adaptation-syndrome.html</u> (accessed December 17, 2012).

Selye has provided a working understanding in which we can now detect symptoms of stress and the impact it has on our health. Janette S. Caputo writes,

Selye did not view all stress as bad, however, and defined it is having two sides, one positive and one negative. In positive stress or eustress, the stressors promote well-being by serving as catalysts and stimulants to push the individual toward achieving at a high level. Selye believed that many people, those whom he calls "racehorses," literally thrive on high levels of stress. However, the downside of this idea is that some stress is harmful. Continuous stress over a long period is quite harmful and worthy of the name Selye applied to it: distress. ¹¹⁸

Richard Lazarus, Ph.D., builds on Dr. Selye's work between eustress and distress. In his work, Dr. Lazarus' first defined the Cognitive Appraisal Theory of Emotions. He claimed that a situation is considered threatening or stressful depending on personal perception of the event or conditions by the person who is in that situation. He explained that cognitive appraisal processes play a major role in how a person reacts in different situations. A person would react with anger, guilt or joy depending on how each individual sees a given situation. He writes,

There is an old phenomenological tradition in psychology that the meaning of an event to the person shapes the emotional and behavioral response. Our concept of cognitive appraisal refers to evaluative cognitive processes that intervene between the encounter and the reaction. Through cognitive appraisal processes the person evaluates the significance of what is happening for his or her well-being. Traditionally, stress research has been based largely on non-cognitive models such as drive reinforcement and arousal or activation. However, the utility of these models has come into question. For one thing, the evidence is overwhelming that appraisal-related processes shape the reaction of people to any encounter. Moreover, emotional response is in fact specific to appraised meanings and differentiated as to quality as well a intensity. As a result, a growing number of psychophysiological researchers are beginning to incorporate cognitive mediation into their models. 119

Janette S. Caputo, *STRESS and BURNOUT in Library Service* (Phoenix, AZ: Oryx Press, 1991), 6

¹¹⁹ Richard S. Lazarus and Susan Folkman, Stress, *Appraisal and Coping Springer* (New York, NY: Publishing Company, 1984), 52-53

Furthermore, like Selye's stages, Lazarus notes, 'Three kinds of primary appraisal can be distinguished: (1) irrelevant, (2) benign-positive, and (3) stressful." A primary appraisal of *irrelevant* is viewed when the outcome of the situation does not affect the person in anyway. A situation is perceived as *benign-positive* when the possible outcome is positive and likely to help us in some way. The emotions related to this appraisal include joy, exhilaration, love and peacefulness. A situation is said to be stressful if the outcome is likely to be negative and in the form of challenge, threat or harm/loss. The emotions associated with the appraisal include fear, anger and sadness. Lazarus contends Secondary Appraisal occurs,

When we are in jeopardy whether it be a threat or a challenge, something must be done to manage the situation. In that case, a further form of appraisal becomes salient, that of evaluating what might and can be done, which we call secondary appraisal. Secondary appraisal activity is a crucial feature of every stressful encounter because the outcome depends on what, if anything, can be done, as well as on what is at stake. ¹²¹

He further claims,

Reappraisal refers to a changed appraisal based on new information from the environment and/or the person. A reappraisal differs from an appraisal only in that it follows an earlier appraisal. Sometimes reappraisals are the result of cognitive coping efforts; these are called defensive reappraisals and are often difficult to distinguish from reappraisals based on new information. 122

Clinical Counselors may define their personal stressors based on emotions at the time of the circumstances. Still, Oswald suggests, "With stress, too much change or novelty, forces people to over use their adjustment capabilities, and after a while, they become

¹²⁰ Ibid., 32

¹²¹ Ibid., 35

¹²² Ibid., 38

either physically or emotionally ill." He further believes that stress and burnout are quite different animals." Selye's Exhaustion Stage does not allude to the concept of burnout, but it clearly defines symptoms of burnout.

CONCEPTS OF BURNOUT

When the Site Team discussed the concept of burnout, it circumvented around the perception of burnout, as depleted of all energy, emotionally, mentally and physically. Janette S. Caputo points out, "Freudenberg's early definition of burnout wasn't really a definition at all; it consisted of a collection of behavioral traits that were observed in members of the helping professions who were pursing impossible goals under impossible situations." This point is illustrated in Oswald's writings through his personal experiences as a Pastor. He writes,

As I've looked at my own life and talked to pastors, it's clear to me that much of what we do in ministry is governed by our theology of ministry. I began my ministry with the idea that I could singlehandedly make the small mission congregation to which I had been called grown and flourish. Seminary had prepared him intellectually for theological and biblical work with parishioners, but it did not prepare me to deal with my limitations in coping with their seemingly insatiable demands and the confusion I felt in trying to set priorities among the many parish tasks. I felt surrounded by a sea of human needs that I set out to fill through my own physical resources. My growing despair and anger occasionally surfaced in my sermons. I thought I was being prophetic, but actually I was berating them for not working as hard as I did. I was defenseless against the demands of ministry because I had no theological perspective for self-care and the management of my limitations.

To further explain the perception of burnout Caputo provides Muldary's (1983) graphic impressions in the following manner:

¹²³ Roy M. Oswald, *Clergy Self-Care: Finding A Balance for Effective Ministry* (Herndon, VA: Alban Institute Publication, 1995), 57

 ¹²⁴ Janette S. Caputo, STRESS and Burnout in Library Service (Phoenix, AZ: Oryx Press, 1991), 3
 ¹²⁵ Roy M. Oswald, Clergy Self-Care: Finding A Balance for Effective Ministry (Herndon, VA: Alban Institute Publication, 1995), 57

It is common sense to conclude that someone who "burns out" must have been "on fire" at some time. In this connection the term was once used as a loose psychiatric label for psychopaths whose chronically antisocial behavior seemed to die out after the age of forty. It was also used, and still is in some contexts, as a street label for people who appear to be emotionally and mentally disorganized because of chronic drug use." ¹²⁶

Hannah K. Knudsen, (Ph.D.), Lori J. Ducharme, (Ph.D.) and Paul M. Roman, (Ph.D.) (Center for Research on Behavioral Health and Humanity Services Delivery of the University of Georgia) published a study in the Journal of Substance Abuse Treatment. This study was entitled, "Counselor Emotional Exhaustion and Turnover Intention in Therapeutic Communities". They used data collected from 817 counselors employed in a national sample of 253 Therapeutic Communities. The study showed in part that "Data from both treatment settings and other types of human service organizations suggest that emotional exhaustion, a key component of burnout, and turnover intention are key precursors of actual turnover." 127

On the other hand, reports published by the group Compassion Fatigue Awareness Project (CFAWP), suggests that stress and burnout can be caused by "Caring too much can hurt." When caregivers focus on others without practicing self-care, destructive behaviors can surface. Apathy, isolation, bottled up emotions and substance abuse head a long list of symptoms associated with the secondary traumatic stress disorder now labeled: Compassion Fatigue." I believe compassion is a normal and natural response for most people. However, for clinicians who may be ex-addicts, they may find themselves reliving their own stories based on the traumatic stories of their clients. Some counselors may go through a process of transference and/or countertransference.

¹²⁶Janette S. Caputo, STRESS and BURNOUT in Library Service (Phoenix, AZ: Oryx Press, 1991),

www.journalofsubstanceabusetreatment.com (accessed October 21, 2012)

www.compassionfatigue.org (accessed July 11, 2012).

Sigmund Freud is known as the "father of psychoanalysis." In order to gain an understanding of his patient's behavior, he was the first to describe and acknowledge the concept of transference and countertransference. Transference referred to the redirection of a patient's feelings, which could be manifested as erotic attractions stemming from past relationships. Nevertheless, those feeling could also be projected in other forms, i.e., rage, hatred, mistrust and extreme dependence on the therapist, making them a god-like status. Alternatively, countertransference is the redirection of the therapist's feelings towards a patient, or more generally, the emotional entanglement with a patient. Pamela Cooper-White gives a short synopsis regarding Freud's theory. However, she places emphasis of countertransference as "...the sum total of thoughts, feelings, fantasies, impulses, and bodily sensations, conscious and unconsciously that may arise in the pastoral caregiver in relation to any person who has come for help." She further suggests, "Transference, similarly, is defined as the sum total of the helpee's thoughts, feelings, fantasizes, impulses, and bodily sensation, conscious and unconscious, toward the helping professional and may include, but again is not limited to, preconditioned patterns of relating developed in childhood," ¹²⁹

Some counselors may suffer with transference or countertransference which can manifest as secondary traumatic stress disorder. Some common symptoms of secondary trauma are poor concentration, emotional exhaustion, fearfulness, shame, anger and chronic fatigue. Charles R. Figley notes,

Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress.

¹²⁹ Pamela Cooper-White, *Shared Wisdom: Use of the Self In Pastoral Care And Counseling* (Minneapolis, MN: Fortress Press, 2004), 5.

Mary Cerney (Chapter 7) notes that working with trauma victims can be especially challenging for therapists, since some may feel that they, in the words of English (1976), "... have taken over the pathology" of the clients (p. 191). Cerney suggests:

This affront to the sense of self experienced by therapists of trauma victims can be so overwhelming that despite their best efforts, therapists began to exhibit the same characteristics as their patients—that is, they experience a change in their interaction with the world, themselves, and their family. They may begin to have intrusive thoughts, nightmares, and generalized anxiety. They themselves need assistance in coping with their trauma.

The professional work centered on the relief of the emotional suffering of clients automatically includes absorbing that suffering itself as well. ¹³⁰

In any event, they should seek to do self-care by seeking quality time for themselves. Martha R. Jacobs suggests, "... when we don't practice self-care, our boundaries can get wobbly and our minds get easily distracted; burn-out and compassion fatigue are nearby – waiting to pounce." She further contends, "It is important to build self-care into your schedule and make it "sacred time," so that other things do not take over and fill up that time." When counselors who are care-takers do not have boundaries of quality time for self, some begin to push beyond their psychological capabilities. This usually has a profound impact within the TC. It has implications for both the quality of care delivered and program management due to the loss of long-term counselors. The loss of some of the counselors, who are unable to cope with burnout/stress, disrupts the care of the patients who have formed bonds with them. Some clients for the first time in their lives have found hope through a normal relationship of trust. When this trust is violated, clients oftentimes relapse. Tian Dayton defines people of trauma based on

¹³⁰ Charles R. Figley, Ph.D., Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized (New York, NY: Routledge Taylor & Francis Group, 1995), 1-2

¹³¹ Martha R. Jacobs, *A Clergy Guide to End-of-Life Issues* (Cleveland, OH: The Pilgrim Press, 2010), 68.

Lindemann's analysis that, "Persons are traumatized when they face uncontrollable life events and are helpless to affect the outcome of those events." For those clinical counselors who have yet to come into a place of wholeness and believe they are healing themselves while counseling others, I believe it is detrimental to themselves as well as the clientele the service. Some of the counselors face a number of pressures both within and outside the therapeutic relationship. They oftentimes find themselves facing professional and ethical dilemmas that occur when the urge arises for the counselor to repeat old habits or indulge in new habits. Repressing some of their desires may contribute to their stress and burnout. Dayton suggests,

We are biologically set up to meet our needs for dependency and nurturing through our early kinship relationships. When our basic life needs are met inadequately early in life, we can develop an emotional hunger that is never met and is characterized by our seeking to redo the past—to meet our early unmet need with the wrong people at the wrong time and place. When we ask present-day relationships to make up for the failures of past relationships without awareness of how those needs are affecting the relationship, we burden them in a way that impairs healthy functioning." ¹³³

Yet, Oswald proposes, "Burnout tends to come when our self-perception get distorted by ego or erroneous beliefs about reality. But if we can look reality in the face, adversity can be a spiritual gift. Indeed, the truth shall set you free." I often think of ego as Easing God Out. Jesus expounds on this concept in directly, as noted in 1 John 2:15-17: "Do not love the world or the things in the world. If anyone loves the world, love for the Father is not in them. For everything in the world; for all that is in the world—the desire of the flesh, the desire of the eyes, the pride in riches—comes not from the Father but from the world. The world and its desires pass away, but whoever

Tian Dayton, Ph.D. Trauma and Addiction: ENDING THE ENDING CYCLE OF PAIN THROUGH EMOTIONAL LITERACY (Deerfield, FL: Health Communications, Inc. 2000), 5
 Ibid., 17

does the will of God lives forever." (NRSV) Cardwell C. Nuckols contends, "The ego treats everything and everyone as an object to be manipulated, feared, cultivated, hated, or possessed. It fails to see the humanity in another." ¹³⁴

CONCEPTS OF SELF-CARE

The Site Team simply defined self-care as, "taking care of one's self." However, playing devil's advocate, the question was put forth; does this mean a person is selfish or self-centered? Nevertheless, Howard Brockman, views self-care as self-actualization. He writes, "...if there is any one rule that will sustain a caregiver while working to support other people, it is this: Your first priority is to always take care of yourself physically, emotionally, spiritually, and in every other way while in relationship to another." He further believes, "While it is particularly important to maintain proper boundaries with your clients, you must also have adequate boundaries in all major contexts in your life so that you are managing your chi consciously and consistently." From my perspective, clinical counselors in the Main Treatment have a high turnover rate. The contributing factors to their overall stress and burnout could be due to a lack of boundaries and self-care.

writes, "Self-care means facing into the pain and confusion in our lives. It means taking on our pathologies one at a time." Conversely, Henri J. M. Nouwen suggests, "When we do not have to escape our pains, but that we can mobilize them into a

¹³⁴ Cardwell C. Nuckols, the Ego-Less Self: Achieving Peace & Tranquility Beyond All Understanding. (Deerfield, FL: Health Communications, Inc. 2010), 69

¹³⁵ Howard Brockman, LCSW, Essential Self-Care for Caregivers and Helpers: Preserve Your Health, Maintain Your Well-Bing And Create Effective Boundaries (Salem, OR, Columbia Press LLC, 2012) 124

¹³⁶ Roy M. Oswald, *Clergy Self-Care: Finding A Balance for Effective Ministry* (Herndon, VA: Alban Institute Publication, 1995), ix.

common search for life, those very pains are transformed from expression of despair into signs of hope." ¹³⁷ I believe that the provider must be in a place of wholeness in order to provide counsel to those who are suffering through life's challenges. In order to provide care to the least of those who suffer as a result of life's challenges, the provider must be in a place of wholeness for themselves. For me, wholeness means self-care by taking care of mind, body and spirit. Physicians and other healthcare professions usually swear to practice medicine ethically and honestly, which is known as the Hippocratic Oath. Most laymen shorten this oath "to do no harm," which applies to both the client and the provider; but also should apply to self. Clinical Counselors that do not place limitations on their own immortality can burnout. In contrast, selfcare is not about being self-centered, but more accurately about stewardship of your mind, body and spirit. This allows one to effectively serve others. Providing service to others can lead to feeling overwhelmed, unappreciated, unsupported and isolated. Taking care of self helps to create balance and establish boundaries to restore a sense of well-being in an effort to avoid the dangers of stress leading to burnout.

KNOWING THYSELF: SELF-CARE TECHNIQUES

Towards this end, I believe as it is written in Hosea 4:6, "My people are destroyed for lack of knowledge; because you have rejected knowledge." Therefore, in a group setting, in order to break the ice, I will be using Oswald's suggestion of purchasing Bio-Dots Card and Dots. The Bio-Dots wallet size Card has the dots imbedded in the card, and the Dots are self-adhesive. Bio-dots are rudimentary biofeedback devices that detect our body temperature changes when we are under stress. Under stress, muscles

¹³⁷ Henri J. M. Nouwen, *The Wounded Healer* (New York, NY: Bantam Doubleday Dell Publishing Group, Inc. 2010),

tense and blood flow is restricted to the main body and shut down from the hands and feet. The Bio-Dots and the Dots on the Card will change colors, based on the body temperature, which is a test of the stress level. Oswald asserts, black – very tense, amber-tense, yellow-unsettled, green-involved (normal) turquoise- relaxing, blue-calm and violet-very relaxed." I will be utilizing handouts consisting of self-assessment tools for stress, burnout and self-care, as well as interpretation for scoring each assessment. They can be found in the Appendices 3, 4, and 5 starting on Pages 49. The self-assessments may be helpful tools for the Clinical Counselors. It can help them identify specific areas that trigger stress. It can also introduce new causes they may have not been aware of. They may want to pay closer attention to these aspects and develop or adopt new self-care techniques.

According to Oswald, Dr. Thomas H. Holmes and Dr. Richard H. Rahe developed a stress self-assessment test known as the Social Readjustment Rating Scale (SRRS). He writes, "Their basic premise, proven correct in four separate research efforts, is that the greater the number of social adjustments individuals make, the greater their potential for physical illness." The SSRS was taken from www.MindTools.com., 140 and can be found in the Appendix 5, on page 57.

¹³⁸ Roy M. Oswald, *Clergy Self-Care: Finding A Balance for Effective Ministry* (Herndon, VA: Alban Institute Publication, 1995), 116.

¹³⁹ Ibid., 29.

¹⁴⁰http://www.Mindtools.com/pages/article/newTCS_82.htm (accessed November 20, 2012) This table is taken from "The Social Readjustment Rating Scale" Thomas H. Holmes and Richard H. Rahe, Journal of Psychosomatic Research, Volume 11, Issue 2, August 1967, Pages 213-218, Copyright © 1967 Published by Elsevier Science Inc. All rights reserved. Permission to reproduce granted the publisher. To score your stress levels, simply check the box in the right hand column next to all the events that have happened to you in the last year."

Once the counselors total their values for the boxes they selected, they can deduce their scores, according to the interpretation of the SSRS. In conjunction with Selye's theory of General Adaptation Syndrome I analyzed, and infer that the score of less than <150 would constitute the Alarm Stage. The score of 150-299 depicts the Resistance Stage. Finally, the score of 300+ is the Exhaustion Stage.

The Burnout Quotient self-assessment measures potential burnout. Janette S. Caputo notes, "[It has] been devised to help individuals measure their risk for burnout by obtaining quotient scores. The Personal Burnout Quotient, or PBQ, measures the potential for burnout no matter where an individual chooses to work." Furthermore, "the score suggests your level of risk for potential burnout on the basis of your current habits and beliefs." Once burnout is identified and accepted, some changes may be necessary, but it also takes time to correct and modify the behavior.

Nevertheless, Caputo points out, "You are the only person who can really decide whether you are burning out. To explore this possibility, you need feedback from other people in addition to extensive self-mentoring for the signs and symptoms of burnout." 142

The self-assessment tool was extracted from the website for the Peer Education & Evaluation Resource Center, Building Blocks to Peer Success. Accordingly,

The Peer Center is collaboration between the Boston University School of Public Health's Health and Disability Working Group and the Justice Resource Institute (JRI). We provide experience and expertise in implementing peer programs through three national peer education, training and capacity-building sites:" However, the PEER Center project ended in August 2011." They affirm that this handout was

¹⁴¹ Janette S. Caputo, *STRESS and BURNOUT in Library Service* (Phoenix, AZ: Oryx Press, 1991), 79

¹⁴² Ibid., 80

adopted from Transforming the Pain: A Workbook on Vicarious Traumatization by Karen Saakvitne and Laurie Anne Pearlman published in 1996 by TSI Staff. ¹⁴³

This particular module comes with an instruction sheet that is self-explanatory.

However, Karen Saakvitne and Laurie Anne Pearlman asserts,

Given the physical, psychological, spiritual, and emotional stresses of our work, there isn't one of us who doesn't need to improvement in some area of self-care. Caregivers are notoriously poor at self-care to begin with—and too often get worse rather than better as their work responsibilities increase. [Furthermore,] they note the worksheet is "for assessing self-care is not exhaustive, merely suggestive." 144

Oftentimes, many people view self-care as pampering one's self, which can be perceived as self-care. However, when people spend money on things that they cannot afford, and find themselves in debt, this is over indulgence. This can cause stress, and lead to burnout if one finds themselves with insurmountable debts. Therefore, self-care is about balancing our lives from stress that can lead to burnout. In the book of Job 31:5-6 it is written, "If I have walked with falsehood, and my foot has hurried to deceit—let me be weighed in a just balance, and let God know my integrity!" (NRSV) The purpose of the Self-Care assessment can be used to examine the ways in which we are practicing self-care, and whether there are imbalances across different domains of well-being. Christina Maslach asserts, "If all knowledge and advice about how to beat burnout could be summed up in one word that word would be *balance*. Balance between giving and getting, balance between stress and calm, balance between work and home – these stands in clear contrast to the overload..." Additionally, "...giving of yourself must be balanced with giving to yourself. Making yourself strong,

¹⁴³ peer.hdwg.org/.../7b% 20SelfAssessmentToolSelfCare-PeerRole-Peer_ (Accessed November 20, 2012)

¹⁴⁴ Karen W. Saakvitne, & Laurie A. Pearlman. *Transforming the Pain*. (New York, NY: W. W. Norton & Company, 1996) 61.

knowledgeable, and in good spirits makes you a better provider for those in need."¹⁴⁵ It may also give us ideas for additional things that we can do in the future to help prevent stress, burnout, and compassion fatigue.

Consequently, I will be concentrating on self-care techniques that build up the Mind, Body and Spirit. I believe when these three components are healthy, we can come into a place of stability. Paul writes in Romans 8:6, "To set the mind on the flesh is death, but to set the mind on the Spirit is life and peace." (NRSV) The commentary notes, "Paul thinks not of a sharp dualism of "spirit' or "mind" over body, but of different dispositions of the mind (vv. 5-7) corresponding to different ways of comporting one's body." 146

Caring for our intellectual self (**mind**) relates to how individuals think about things and our reactions to situations in life. It is having a positive perspective on how one perceive self, recognizing their strengths, and capitalizing on their special gifts and talents. Mathieu points out a quote by Laura van Dernoot Lipsky, "When we keep ourselves numbed out on adrenaline or overworking or cynicism, we don't have an accurate internal gauge of ourselves and our needs." I will be using the following practices of self-care for the mind:

Journaling – can benefit individuals by processing their thoughts and hearing the advice and encouragement of their wisest, most loving self. Writing slows down your thoughts and allows you to think more clearly and to process with clarity. It can help you

¹⁴⁵ Christina Maslach. *BURNOUT, the Cost of Caring*. (Cambridge, MA: Malor Books, 2003), 240.

¹⁴⁶ Michael D. Coogan, Ed. *The New Oxford Annotated Bible 3rd Ed, with the Apocryphal/Deuterocanonical Books.* (Oxford, NY: Oxford University Press, 2001) 254 NT

¹⁴⁷ Françoise Mathieu.. *The Compassion Fatigue Workbook.* (New York, NY: Routledge Taylor & Francis Group, 2012), 81

focus your mind with sharper accuracy, enabling you to clearly hear the voice of your soul. Joyce Meyers acknowledges, which I agree, "the mind is the battlefield." Therefore, journaling helps the individual to remove the critical garbage from their mind by expressing those feelings. When writing in a journal, you can explore any doubts, fears and confusion. Getting it all out on paper will help you gain insights, clarity and understanding. Caputo reasons,

A personal journal helps you to express your feelings in a private way and also gives you a nice record to track actual progress and patterns of stress. It can be easy to get bogged down in problems when you are a burnout victim and having a record of the good times as well may assist you in keeping your spirits up. Chronic stressors are sometimes difficult to define, and a journal may also help you see patterns that you may miss in the need to respond to continuous crisis. 148

Hobbies – is an activity that is done regularly in one's leisure time for pleasure. It is a form of self-care because it provides the individual some down-time that offers a distraction from stress. It is also a great way to relieve tension. By engaging in a hobby, one can obtain new knowledge and skills, which keeps the mind active. Caputo points out,

A way to retrieve your multidimensional self from the flatness of burnout is by seeking ways to rescue old interest and seek new ones that allows you to take a broader satisfaction in the life and human culture. From taking a new perspective on certain work responsibilities to learning new things, setting personal priorities and goals may help you achieve a healthy balance between work and personal satisfactions. ¹⁴⁹

Meditation – is the practice of reflection or contemplation. The psalmist prayed that the meditation of his heart would be acceptable in God's sight (Psalm19:4.) Many people believe meditation is being silent and still. It is centering one's self to a

185

 $^{^{148}}$ Janette S. Caputo, STRESS and BURNOUT in Library Service (Phoenix, AZ: Oryx Press, 1991), 126 149 Ibid.. 129

heightened awareness or a deeper sense of spiritual connection or a connection to self. However, Richard J. Foster argues,

Whenever the Christian idea of meditation is taken seriously, there are those who assume it is synonymous with the concept of meditation centered in Eastern religions. In reality, the two ideas stand worlds apart. Eastern meditation is an attempt to empty the mind; Christian meditation is an attempt to fill the mind. The two ideas are quite different.

Eastern forms of meditation stress the need to become detached from the world. There is an emphasis upon losing personhood and individuality and merging with the Cosmic Mind. There is a longing to be freed from the burdens and pains of this life and to be released into the impersonality of Nirvana. ¹⁵⁰

In any event, meditation is a guide designed especially for the interpreter, and aim to help the individual to achieve mental, emotional, physical and spiritual balance in their everyday life. Oswald asserts, "First let's acknowledge that meditation does promote health. It allows us to quiet our minds and relax our bodies so the fight-or-flight stress response is not triggered. Dr. Herbert Benson, author of *The Relaxation Response*, has documented its medical effects in his research on the practice of Transcendental Meditation."¹⁵¹

Concentrating on self-care for the **body** is a very important step because when people become stressed, or have very busy schedules, they become neglectful to their body. Self-care for the body means to look after self in a healthy way by not putting harmful substances, i.e., smoking, drinking, etc. in our body. The imbalances in our lifestyles can lead to excessive eating or eating when not truly hungry. Obesity is the new phenomenon in America. In order to change this pattern we have to take a look at our lives, make an honest assessment, and then decide what changes we are willing to

¹⁵⁰ Richard J. Foster. *Celebration of Discipline: The Path to Spiritual Growth*. (New York, NY: HarperOne, 1998), 20-21

¹⁵¹ Roy M. Oswald, *Clergy Self-Care: Finding A Balance for Effective Ministry* (Herndon, VA: Alban Institute Publication, 1995), 97

make. I decided to use the following practices to focus on self-care of the body because it promotes balance for a healthier life:

Eating Healthy – requires choosing behaviors that provides balance, such as watching calories. Sugar is one of the leading causes of obesity because of its caloric intake. Salt contributes to high blood pressure. A balanced eating plan incorporates healthy fats, protein, complex carbohydrates and appropriate calorie control. Oswald reports,

The body does require some salt in order to function well. We each need about 200 milligrams, of about one-eighth of a teaspoon, of salt a day. Fill the tip of your little finger with salt, and that's all the salt you need in a day, yet each of us consumes about ten times that amount. White flour, that white powdery stuff that shows up in most of our baked goods, is considered a key contributor to diseases of the digestive tract. Approximately 60, 000 people in the United States die of colon cancer each year. Deaths from this disease could be diminished considerably if we could consume far more fiber-rich foods than white flour.

Saturated fats from your diet would definitely change your food intake. He suggests, "I have used the vitamin niacin in combination with a daily intake of oat bran, plus a reduction of fat intake, to bring my cholesterol level below the recommended 180 milligrams per deciliter of blood. Physicians used to recommend that cholesterol levels of 240 milligrams per deciliter were acceptable. Recently, on the basis of more research on heart disease, doctors are recommending that the number 200 or less, preferably below 180." 152

In any event, promoting good eating habits will prevent coronary heart disease, diabetes, arthritis, and depression because they are all linked to poor health and a lack of exercise.

Exercise – good health for self-care is a good dose of daily exercise. Go for any vigorous exercise for 20-40 minutes a day. This increases cardiovascular capacity, burns excess calories and releases endorphins, which help in reducing stress and depression. Brisk walking, jogging, cycling and swimming are other forms of popular exercises. However, before beginning any exercise regimen, you should seek the advice of your

¹⁵² Ibid., 152-153

physician if you have not been exercising for a while. Studies have shown that even a little level of exercise is better than none. A regular routine will improve fitness and health for self-care. There is a perimeter to the amount of healthy exercise one should do. Over indulgency can lead to injury or excessive weight loss.

Rest – is a necessity. It means to cease from work or movement in order to relax, refresh oneself, or recover our strength from ceasing to engage in strenuous or stressful activities. From a Biblical prospective all creatures must rest because without proper rest the human body will break down. Kirk Bryon Jones implies,

Sleeplessness is a primary symptom of a person who is over-committed. The consequences are costly in more ways than one: American society is sleep-deprived, and the problem is growing. People mistakenly think sleep is a waste of time. They don't realize they'll be more productive if they get more sleep. Fatigue is to blame for 60% to 90% of all industrial accidents and more than 100,000 highway crashes a year. Sleepy workers cost American companies \$18 billion a year in lost productivity. 153

Mark 6:31 states it well, "And he said to them, "Come away by yourselves to a desolate place and rest a while." For many were coming and going, and they had no leisure event to eat." (NRSV) Thus, in order to get enough sleep try avoiding watching too much television. Take long hot baths and get massages when you can afford it because it helps to reduce tension.

Finally, **spiritual** self-care means connecting to a Higher Power and finding a meaning for our lives. Just as it is necessary to keep care of our body and mind, we also need to nurture our soul. Sometime a person will come across many spiritual paths and systems. Some may find one particular spiritual path right for them, while still others may carve out their own path to find meaning and understanding for life. Yet, as pointed

¹⁵³ Kirk Byron Jones. *REST IN THE STORM: Self-Care Strategies for Clergy and Other Caregivers.* (Valley Forge, PA: Judson Press, 2001), 25

out by Rev. Leo Booth in an article entitled: "Spirituality The Neglected Tool in Therapy," she quotes that Carl Jung said it so clearly in his letter to Bill Wilson concerning Roland H: *spiritus contra spiritum*—loosely interpreted, "spirituality is the healer of the demon spirits." Furthermore, she contends, "...spirituality takes us out of the claustrophobic box that many people associate with religion and brings us into the world as you and I experience it. It is a journey out of ourselves and yet also is a journey that takes us into who we essentially are." On the other hand, Robert C. Fuller, in his challenging book "Spiritual But Not Religious" observed that one-fifth of Americans describe themselves as spiritual but not religious. He argues that many people are,

Forsaking formal religious organizations, these people have instead embraced and individualized a spirituality that includes picking and choosing from a wide range of alternative religious philosophies. The typically view spirituality as a journey intimately linked with the pursuit of personal growth or development.

Spirituality exists wherever we struggle with the issue of how our lives fit into the greater cosmic scheme of things. This is true even when our questions never give way to specific answers or give rise to specific practices such as prayer or meditation. We encounter spiritual issues every time we wonder where the universe comes from, why we are here, or what happens when we die. We also become spiritual when we become moved by values such as beauty, love, or creativity that seem to reveal a meaning or power beyond our visible world. 155

Regardless of whatever spiritual self-care guidelines you are following, a certain amount of effort and discipline are essential for maintaining spiritual nurturance.

Organized Religion - Participating regularly through churches, mosques, temples, etc., provides teachings that will help you grounded in the doctrines of your particular faith base. Or, you can visit a natural area of beauty, peace and tranquility that takes you from the chaos that surrounds your life.

¹⁵⁴ Leo Booth. "SPIRITUALITY: THE NEGLECTED TOOL IN THERAPY." Counselor Magazine, December, 2012, 11

¹⁵⁵ Robert C. Fuller. *Spiritual But Not Religious: Understanding Unchurched America*. San Francisco, CA: Jossey-Bass, 8

Seeking your Purpose – If you want to discover your true purpose in life, you must first empty your mind of all the false purposes you've been taught, (including the idea that you may have no purpose at all. Rick Warren admits, "Most people struggle with three basic issues in life. The first is identity: "Who am I?" The second is importance: "Do I matter?" The third is impact: "What is my place in life?" ¹⁵⁶ On the other hand, Viktor E. Frankl creates the doctrine of Logotherapy during his imprisonment in a Nazi concentration camp. His theory is based on the search for the meaning in life while he is living out life and death simultaneously because he was not aware when physical death would occur. He also touches on what I perceive as spiritual death, which is hopelessness. Frankl identifies Logotherapy as Man's search for meaning is the primary motivation in his life and not a "secondary rationalization" of instinctual drives. This meaning is unique and specific in that it must and can be fulfilled by him alone: only then does it achieve a significance which will satisfy his own will to meaning. 157 Therefore, I believe if you have no concept of who and where you came from, not cognizant of where you are headed, and you do not know who you belong to, I believe a person lives in confusion, which causes constant stress.

Warren provides a life purpose statement as a guideline. It consists of the five following points:

1. It's a statement that summarizes God's purposes for your life. In your own words you affirm your commitment to God's five purposes for your life. A purpose statement is not a list of goals. Goals are temporary; purposes are eternal. The Bible says, "His plans endure forever; his purposes last eternally.

¹⁵⁶ Rick Warren. *The Purpose Driven Life: WHAT ON EARTH AM I HERE FOR?* (Grand Rapids, M: Zondervan, 2002), 312

¹⁵⁷ Viktore E. Frankl, *Man's Search for Meaning*. (Boston, Massachusetts: Beacon Press, 1959/2006), 99.

- 2. It's a statement that points the direction of your life. Writing down your purposes on paper will force you to think specifically about the path of your life. The Bible says, "Know where you are headed, and you stay on solid ground" A life purpose statement not only spells out what you intend to do with your time, life, and money, but also implies what you aren't going to do. Proverbs says, "An intelligent person aims at wise action, but a fool starts off in many directions.
- 3. It's a statement that defines "success" for you. It states what you believe is important, not what the world says is important it clarifies your values. Paul said, "I want you to understand what really matters.
- 4. It's a statement that clarifies your roles. You will have different roles at different stages in life, but your purposes will never change. They are greater than the role you will have.
- 5. It's a statement expresses your shape. It reflects the unique ways God made you to serve him.

Take your time writing out your life purpose statement. Don't try to complete it in a single setting, and don't aim for perfection in your first draft; just write down your thoughts as fast as they come to you. It is always easier to edit than to create. ¹⁵⁸

Discovering your purpose is the easy part. The hard part is keeping it with you on a daily basis and working on yourself to the point where you become that purpose. When you find your own unique answer to the question of why you're here, you will feel it resonate within you deeply. The words will seem to have a special energy to you, and you will feel that energy whenever you read them.

Prayer – Setting aside time daily to pray is a form of conversation with your Higher Power. The hymn entitled, "Just a Little Talk with Jesus" summarizes it clearly in the following manner:

I once was lost in sin, but Jesus took me in
And just a little light from heaven filled my soul.
It bathed my heart in love, and wrote my name above
And just a little talk with Jesus made me whole
I may have doubts and fears, my eyes be filled with tears
But Jesus is a Friend who watches day and night
I go to Him in prayer, He knows my every care

¹⁵⁸Rick Warren. The Purpose Driven Life: WHAT ON EARTH AM I HERE FOR? (Grand Rapids, M: Zondervan, 2002), 312

And just a little talk with Jesus makes it right.

Chorus:

Now let us have a little talk with Jesus
Let us tell Him all our troubles
He will hear our faintest cry
And He will answer by and by
So when you feel a little prayer wheel turning
And you know a little fire is burning
You will find a little talk with Jesus makes it right

Prayer draws us closer into a personal relationship with God, and allows us to rely upon faith in all things. Therefore, we do not have to be anxious for anything. Migliore asserts, "Maturing in prayer does not mean mastering certain techniques or becoming virtuosos of the spiritual life. It means, on the contrary, being open and honest to God, praising God, but also crying to God in our need, and even sometimes crying out against God." ¹⁵⁹

In conclusion, the above techniques may be helpful in reducing stress if they are practiced earnestly. More importantly, one must be in a place of seeking change in order to have a better quality of life.

¹⁵⁹ Daniel L. Migliore. Faith Seeking Understanding: An Introduction to Christian Theology. (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2004), 242

CHAPTER 3 PLAN OF IMPLEMENTATION

Goal 1: To promote awareness among Clinical Counselors on stress, burnout and self-care techniques for the mind, body and spirit by producing a series of training workshops.

Goal 1 Strategies

- **A.** The Site Team and I will create flyers and posters to distribute within the community to promote the training workshops (May 2013).
- **B.** The Site Team and I will create an interactive skit on stress to use as icebreaker with training participants (May 2013).

Evaluation of Goal

Based on the interest generated from the above advertisements the site team and I will create a spreadsheet with pertinent contact information. This information is useful in preparing logistics for the training workshops. Additionally, the trainees will complete an evaluation form that will critique the trainers. They will also complete an Employee Wellness Center Survey. A response rate of 75% is anticipated.

Goal 2: The Site Team and I will recruit four clinical counselors from the training workshops for one-one interviews. They will be used as a focus group to help create an on-site Counselor's Wellness Center at J-CAP.

Goal 2 Strategies

- **A.** In June 2013, I will analyze and create a report from the Wellness Interest Survey to consider what the counselors viewed as the most important issues they would like to be addressed at the center.
- **B.** In July 2013, the Site Team will plan a weekend retreat for the four counselors (Focus Group) where they can be observed on what they have learned.

Evaluation of Goal

During the retreat, the Site Team participant's and I, through qualitative research, will observe the focus team and discuss how they can utilize what they have learned as a tool to assist them in the workplace. In August 2013, the Focus Team, Site Team and I will create a presentation of 3-Dimensional Wellness Center. We will create a comprehensive presentation using all of the above data to J-CAP's administration to demonstrate the need for an on-site wellness center.

Goal 3: To create a manual that will enable other Therapeutic Communities (TC) to replicate a Wellness Center.

Goal 3 Strategies

A. In September 2013, the Site Team and I will define features and incentives that are consistent with the organization's core mission, goals, operations and

administrative structure that other TCs can use as incentive to replicate a Wellness Center.

- **B.** Ensuring that the target for the most important health-care issues among the clinical counselors are applied.
- C. Making ensure that all assessment tests and surveys are included in the manual; including suggestions on goals and strategies for implementation of a Wellness Center.

Evaluation of Goal

The Site Team and I will create a manual and having it reviewed by the Clinical Program Director of J-CAP, even if the Wellness Center is not accepted. Furthermore, I will write a detailed report as to what impediments occurred that did not allow the goals to be accomplished.

CHAPTER 4 RESEARCH QUESTIONS

Research Questions

1.	How does the Bible portray the concepts of Stress, Burnout and techniques for
	self-care?

2. What is the purpose of a Wellness Center?

3. In the United States the rising cost of medical care has many organizations struggling to become innovative in saving dollars. Towards this end, how can the creation of an on-site wellness center be favorable in lowering the cost of health benefits for the employer while benefiting its employees?

Appendix 2: Timeline Sample							
DATE	TASK/ACTIVITY	TOOLS NECESSARY TO COMPLETE TASK	PERSON RESPONSIBLE				
May-13	Proposal approval by Professor	Two copies of proposal. A cover letter identifying project advisor. A letter from Site Team approving project.	DOE				
May-13	Prepare a brief outline of the proposal and submit consent form to J-CAP's Clinical Program Director.	Meet with Clinical Program Director for approval.	Felicia				
May-13	Meet with Site Team to discuss logistics. Discuss dates for 3 day training workshops. Creation of a skit on Stress & Burnout by depicting it through using the five sensatory modes Research a place that we can rent. It has to be able to hold 25-35 persons and allows food to be brought in for two 1/2 days. Research prices for continental breakfast. Research price for media equipment/operator, i.e., videotaping, creating a simulation of a wellness center, screen for PowerPoint presentation, laptop. Pricing for folders, .99 calculators for 35 persons to be included in package, pads, pens, Bio-Dots and Stress Journals.	Contact via e-mail/telephone to set up meeting.	Felicia				
May-13	Creating flyers, posters and having information placed in community newspapers.	Use of computer	DOE				
May-13	Create spreadsheet of those persons interested in participating in workshop.	Use of computer	DOE				
May-13	Contact Speakers for 3rd day of workshops and confirm availability.	Communication	DOE				
	Purchase items and create folders. • Make copies of items to	Price listing and location where to purchase items.	DOE				

Apr13	be placed in folders.		
Apr -13	Create 3 PowerPoint Presentations: Day 1: Stress 2 nd day Burnout, 3 rd day: Self-Care on Mind, Body and Spirit.	Knowing how to use PowerPoint.	DOE
Jun13	Training for 3 day workshops	Trainers	DOE
Jun13	After each workshop, review, analyze and create report for each session based on evaluations completed by trainees.	Analytical Skills	DOE
Jun13	After workshops, meet with Site Team to follow-up. Select four clinical counselors to participate in one-on-one interviews.	Contact Site Team	DOE
June-13	Create questions for one-on-one interviews.	Interviewing Skills	DOE
June-13	Contact counselors, schedule meeting to get consent forms signed and dates for interviews.	Contact via e-mail/telephone to set up meeting	DOE
June-13	One-on-One Clinical Counselors interviews.		DOE
July -13	Write up interviews.	Writing Skills	DOE
July-13	Plan a retreat for the 4 counselors that completed the one-on-one interviews.	Research pricing for retreat location.	DOE
July-13	Go on retreat		DOE
Aug-13	Creating a 3 dimensional simulation of a wellness center.	3 Dimensional Software	DOE
Aug-13	Write response to research questions.	Writing Skills	DOE
Sept13	Create a manual.	Research	DOE

"DOE is "Depends on Experience"

CHAPTER 5 EVALUATION PROCESS

Method of Evaluation 1

The Site Team and I have devised several methods to evaluate the implementation process through utilization of surveys, one-on-one interviews and self-assessment tools. I will create various reports using the information derived from these tools.

Method of Evaluation 2

I will create an exit survey and mail to all the participants that attended the workshops, and those that attended the retreat. The survey questions will consist of the training and what they plan to do with what they have learned. Furthermore, were they satisfied with the training? The findings from the survey will help to inform other Therapeutic Communities (TC) of the seriousness of self-care.

CHAPTER 6 MINISTERIAL COMPETENCIES

Overall Assessment

At this point, I am certain, some people will agree that their original Site Team members have changed and replaced by others due to the status of their life circumstances. Nevertheless, I e-mailed the Candidate Competency Assessment for Pastoral Care to seven members of the Site Team and six members responded. The members of the Site Team are people who interact with me from various venues in my life, i.e., work place, a neighbor, previous school peers, church and supervisor.

They were requested to assess the areas of ministerial capability as described in NYTS's Ministerial Competency Assessment for Pastoral Care. Once each member of the Site Team had completed their evaluation, the team and I met to discuss the findings. They provided several recommendations for the areas that they felt I should develop as I continue to pursue the doctorate degree. Their responses were assembled in the following chart using color to express the meaning of the qualifying words denoted below:

- 4. Blue = Continue
- 5. Red = Developed
- 6. Yellow = Need Attention
- 7. Lavender = Start
- 8. Orange = Skip
- 9. Grey = ---- (If there is no basis for assessment, leave the space blank.)

	SITE T	TEAM E	EVALUA	TION SUM	IMARY		
Ministerial Competencies	Vanessa Howell	Carl Bryson	Hazel Worley	Fredine Freedman	Steve Molinelli	Manny Pires	Result
Theologian							
Prophetic Agent							
Leader							
Pastoral Skills							
Counselor							
Spiritual Leader							
Interpersonal Skills							
Administrator							
Professional							

The overall assessment confirms strength in the areas of Theologian, Prophetic Agent, Leader, Counselor, Spiritual Leader, and Professional skills. However, in specific areas of Pastoral Skills, Interpersonal, and Administrator Skills the Site Team feels improvement is obtainable.

In the area of Pastoral skills, the Site Team consensus felt that I need to know when I get to the threshold of my personal boundaries that I will ask for support from others.

Working with the Site Team, I have learned how to share and delegate responsibilities when I found myself unable to move forward.

In the area of interpersonal skills, I need to become aware of the words I am using when talking to others, as I could be misunderstood or may confuse the issues. They felt that if I practice clarity and learn to seek feedback, this would ensure that my message has been understood. Learning how to effectively negotiate with others paves the way to mutual respect, trust and lasting interpersonal relations.

In the area of an Administrator, although the team stipulated that my skills were appropriate, I have to understand that other people may have different points of view. I must try to see things from their perspective. I need to show an interest in the people I speak to and ask pertinent questions in order to seek clarification on any points that could be easily misunderstood.

Budget Sample

ITEM	QUANTITY	PRICE
	Approximately to hold 35 people	
Location for Workshop	for two days, 1/2 day sessions.	\$ 200.00
Bio-Dot Cards	1 Package of 100	\$ 39.00
The Stress Management Journal	25	\$ 150.00
Workshop Videotaping	For Two Days, 1/2 day sessions	\$ 100.00
Food and Beverages	To feed approximately 35 people	\$ 200.00
	Grand Total:	\$ 689,00

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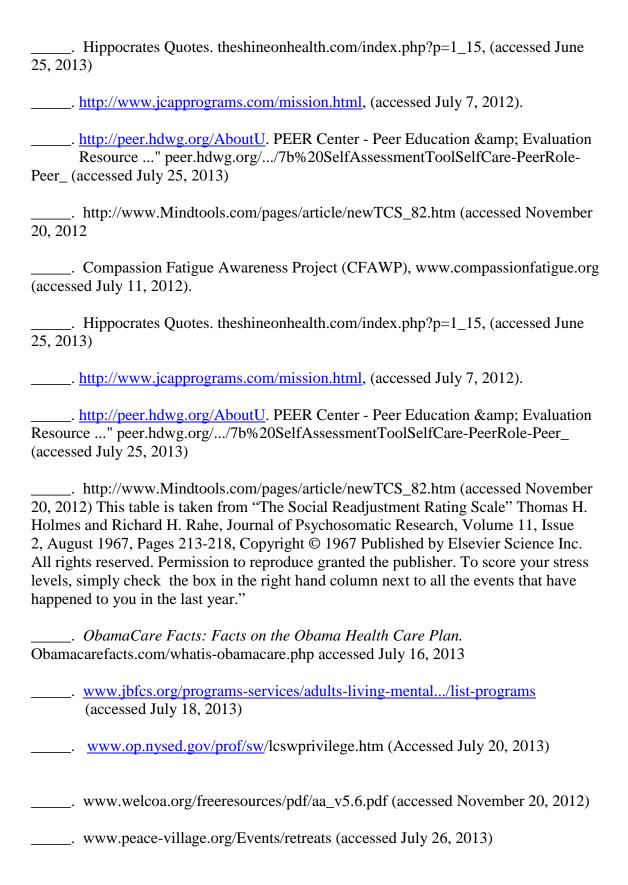
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*Additional educational experience that is relevant in this project:

I am in the process of being certified as a Credential Alcohol Substance Abuse Counselor (CASAC) through New York State Office of Alcoholism and Substance Abuse Services.

134-29 166th Place Bldg. 17C-8A Jamaica, NY 11434

April 22, 2013

The Director of the Doctor of Ministry Program New York Theological Seminary 475 Riverside Drive, Suite 500 New York, NY 101115

To Whom It Concern:

My name is Felicia Y. Pinckney-Bullock and I am enrolled in the Doctor of Ministry, Pastoral Care Program at New York Theological Seminary (NYTS). I am a 2nd year student and will be graduating in May, 2014.

My research focus is Clinical Counselors working in therapeutic communities overcoming stress and burnout. The purpose of the research is to create an on-site Counselor's Wellness Center to assist Clinical Counselors in developing and enhancing their self-care techniques to avoid burnout. A manual will be created enabling other sites to replicate this Center.

I have identified the Rev. Dr. Wanda Lundy of NYTS, who teaches in the area of Ministry Studies with responsibilities for Supervised Ministry and Mentor and Research Development to walk with me through this journey. I know that she is very busy so I value her time and commitment as she mentors me during this process.

Sincerely,

Felicia Y. Pinckney-Bullock

116-30 Sutphin Boulevard Jamaica, NY 11434

April 22, 2013

The Director of the Doctor of Ministry Program New York Theological Seminary 475 Riverside Drive, Suite 500 New York, NY 10115

RE: Letter of Approval from the Site Team

I, Vanessa Howell, on behalf of the site team I am writing to give the approval of the team based on our plan of implementation for Felicia Y. Pinckney's demonstration project of an "On-site Counselor's Wellness Center: The development/enhancement of self-care techniques to avoid burnout, and the creation of a manual that will enable other sites to replicate this center."

Sincerely,

Vanessa Howell

Appendix 2 Training Flyer

Seminars on Stress, Burnout and Self-Care for Clinical Counselors

Did you know multi-tasking causes stress?

It drains you emotionally; but also takes a toll on your physical health that can cause



Studies show the best way to manage stress and burnout is to take a mind, body, and spiritual approach through self-care.

Learn to recognize your own areas of stress, burnout and how to manage these symptoms through self-care techniques.





Seminars are free and Pre-Registration is required Stress & Burnout – Tuesday, June 18, 2013, 9:30 am - 4.00 pm Self-Care for the Mind, Body & Spirit – Friday, June 21, 2013, 9:30 am -12:30 pm

For additional information contact Felicia Y. Pinckney-Bullock, BA, M.A., M.Div.

bullockmab520@aol.com Cell #: (347) 207-9518

Appendix 3 Agenda Overview

Getting Starting:

Continental Breakfast Introduction of trainer and participants: Logistics: Confidential form Participant's expectations and concerns. Pre-test questionnaire

Training Topics:

Icebreakers: Warm-ups and energizers using role playing; Bio-Dots and journaling. Discussion on defining Stress: Secondary

traumatic stress

Compassion Fatigue Awareness Project

Transference and Countertransference

How does stress impact and trigger sexual addiction?

Sexual Addiction Cycle. Take home selftest. Eustress –vs. – Stress

Evaluation

LUNCH IS SERVE

Burnout Overview

Pre-test questionnaire Participant's expectations and concerns

Training Topics:

Introduction to icebreakers, warm-ups and energizers

Discussion on defining Burnout:

Stress vs. Burnout

Systemic factors that increase counselor's vulnerability to burnout Discussion/Evaluation/Wrap-Up

Day 2: Self-Care Techniques for the Mind, Body & Spirit

Getting Starting

Continental breakfast

Feedback on Day1

Introduction of trainers

Training Topics:

Pre-test questionnaire Defining self-care.

Participant's expectations and concerns

Introduction of Guest Speakers

Speakers (15 minutes)

Discussion

Wellness Center Survey/Evaluation

Wrap-Up

CERTIFICATES AND FAITH STONES DISTRIBUTED

Appendix 4 NYT S Informed Consent Form

Introduction: My name is,	and I am stu	ident at New York Theological
Seminary conducting research for my _		<u>·</u>
My phone number is	My email is:	My research
supervisor is	Her ph	one number is
Her email:	Fe	el free to contact either of us at
any time if you have questions about the	is study.	

Purpose: The purpose of this research is to <u>study is to create an on-site Counselor's</u> Wellness Center to assist Clinical Counselors in developing and enhancing their self-care techniques to avoid burnout. Additionally, a manual will be created enabling other sites to replicate this center.

Procedure: If you consent to participating in this study, you will be asked to participate in the following ways:

- Two videotaped 1 and half day training workshops on stress, burnout and selfcare techniques for the mind, body and spirit.
- Self-Assessment Quizzes (Attachment)
- Wellness Center Survey (Attachment)
- Four counselors from the training will be selected to participate in a focus group to expound on their concept of a wellness center. Furthermore, they will participate in a tape recorded one-on-one interview that I will conduct and will participate in a *free* weekend retreat.

After the project is completed, I will destroy all audio and video tapes.

Time required: The project will begin on <u>June 2013</u> and conclude on <u>September 2013</u>. You are being asked to commit to <u>the one and half day sessions of training</u>. At a later <u>date</u>, four counselors will be selected to participate in a one on one interview and go on a free retreat.

Voluntary participation: Your participation in this study is completely voluntary. If you choose to participate, you may still decline to participate in any of the sessions or answer any questions that you do not wish to answer. You are completely free to withdraw from the study at any time.

Risks: I anticipate there are no known risks associated with this study. In a human subject research involving self-disclosure, there is always the possibility that you may feel discomfort or distress in the course of the research, if this happens, please inform me immediately.

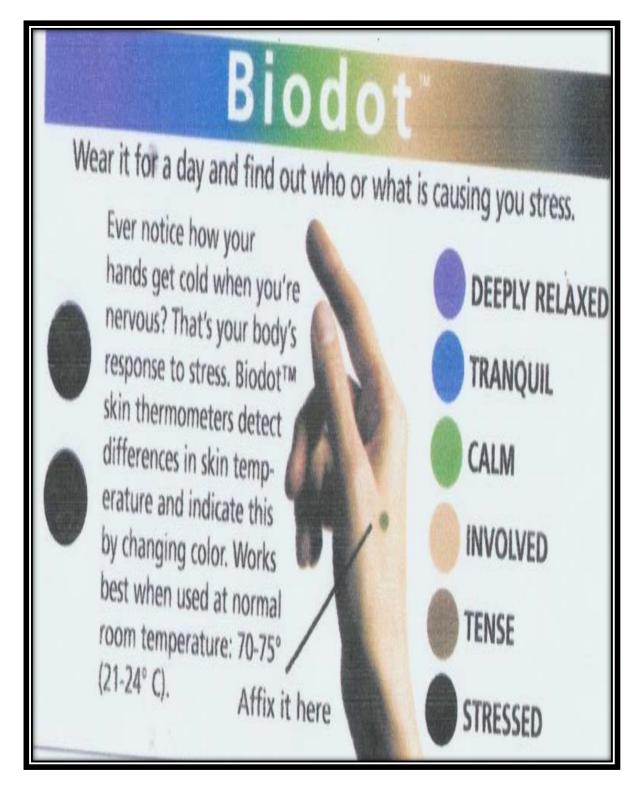
Appendix 5 NYTS Informed Consent Form Cont.

Benefits: While there are no guaranteed benefits, it is possible that you may enjoy participating in this research and/or sharing your responses to research questions, or that you will find the project personally or spiritually meaningful. The potential benefit that I envision for the clinical counselor is to reduce their stress level in their professional and personal lives.

Confidentiality/Anonymity: Your name will be kept confidential in all of the reporting and/or writing related to this study. I will be the only person present during the project's research. I will be the only person who sees/listens to any of the tape recordings. When I write the final paper, I will use pseudonyms—made-up-names-for all participants, unless you specify in writing that you wish to be identified by name.

wish to be identified by name.
If you wish to choose your own pseudonym for the study, please indicate the first name you would like me to use for you here:
Importance of Candor: It is essential to this kind of research that all responses from participants be open, candid, forthright, and honest.
Sharing the results: Results of research may be shared through class presentation, in written form, or in other ways. I anticipate that the result of this research will be shared in the following ways: written form, PowerPoint, and statistical data.
Publication: There is the possibility that I may publish this study or refer to it in published writing in the future. In this event, I will continue to use pseudonyms (as described above) and I may alter some identifying details in order to further protect your anonymity.
Before you sign: By signing below, you are agreeing to participate in this project with the possibility of being audio-taped, videotaped, and your words being written in a final paper. Be sure that any questions you may have are answered to your <u>full satisfaction</u> before signing this document. If you agree to participate in this study, a copy of this document <u>will be given</u> to you. Separate copies will be kept in a sealed envelope in a locked file cabinet in the New York Theological Seminary Dean's office and by the researcher.
Participant's Signature: Date:
Print Name:
Parent or guardian's signature (required for participants under the age of 18:
Print Name:
Researcher's Signature: Date:
Print Name:

Appendix 6
Biodot Card



Appendix 7 SRRS Self-Assessment for Stress

The	Holmes and Rahe Stress Scale		
Life	e Event	Value	Check if this applies
1	Death of spouse	100	
2	Divorce	73	
3	Marital separation	65	
4	Jail term	63	
5	Death of close family member	63	
6	Personal injury or illness	53	
7	Marriage	50	
8	Fired at work	47	
9	Marital reconciliation	45	
10	Retirement	45	
11	Change in health of family member	44	
12	Pregnancy	40	
13	Sex difficulties	39	
14	Gain of new family member	39	
15	Business readjustment	39	
16	Change in financial state	38	
17	Death of close friend	37	
18	Change to a different line of work	36	
19	Change in number of arguments with spouse	35	
20	A large mortgage or loan	31	

Note: If you experienced the same event more than once, then to gain a more accurate total, add the score again for each extra occurrence of the event.

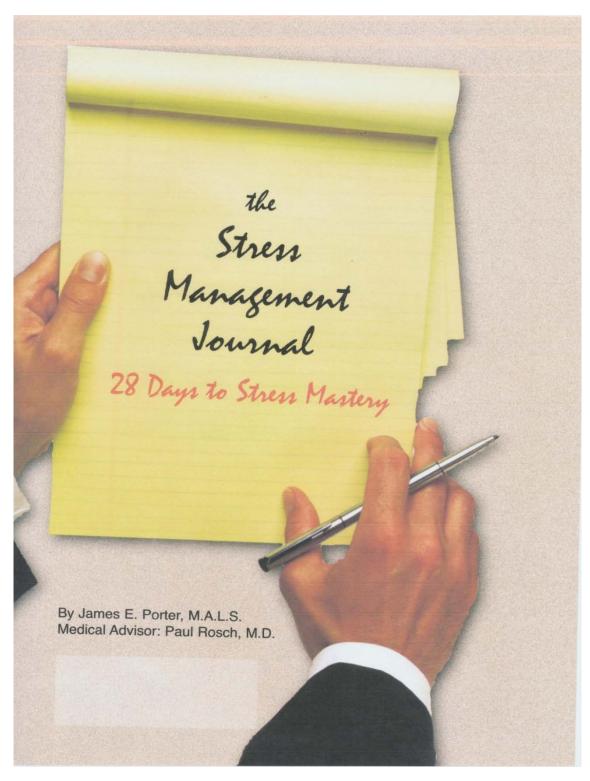
Appendix 8 SRRS Self-Assessment for Stress Cont.

Life	e Event	Value	Check if this applies
21	Foreclosure of mortgage or loan	30	
22	Change in responsibilities at work	29	
23	Son or daughter leaving home	29	
24	Trouble with in-laws	29	
25	Outstanding personal achievement	28	
26	Spouse begins or stops work	26	
27	Begin or end school/college	26	
28	Change in living conditions	25	
29	Revision of personal habits	24	
30	Trouble with boss	23	
31	Change in work hours or conditions	20	
32	Change in residence	20	
33	Change in school/college	20	
34	Change in recreation	19	
35	Change in church activities	19	
36	Change in social activities	18	
37	A moderate loan or mortgage	17	
38	Change in sleeping habits	16	
39	Change in number of family get-togethers	15	
40	Change in eating habits	15	
41	Vacation	13	
42	Christmas	12	
43	Minor violations of the law	11	
	Your Total		

Appendix 9 Scores Interpretation for SRRS Stress Self-Assessment

	Score Interpretation
Score	Comment
	You have a high or very high risk of becoming ill in the
300+	near future.
	You have a moderate to high chance of becoming ill in the
150-299	near future.
	You have only a low to modrate chance of becoming ill in
<150	the near future.

Appendix 10 Cover for the Stress Management Journal 28 Days to Stress Mastery



Appendix 11 Introduction of Stress Management Journal Page 1

The Stress Management Journal

Introduction

elcome to the Stress Management Journal. As you flip through the pages of this workbook you may be asking yourself: "Why would I want to keep a diary of my stress?" We'll answer that question in a moment. But first let us pose another question: "Have you ever asked your doctor about stress?" If you did, he or she probably didn't have much to say. That's because a diagnosis of stress is difficult to make. It takes a lot of time. To speed things up a bit your doctor might prescribe something to mask your stress symptoms without ever finding out what might be causing you to feel this way. You take this prescription despite the undesirable sideeffects, thinking it is a cure for your condition when really it is just a cover-up.

This is roughly the equivalent of an auto mechanic suggesting you put masking tape over a flashing warning light on the dashboard of your car. The warning light is not the problem. It is only an indication of a problem which needs to be addressed internally. Every day millions of people take over-the-counter and prescription drugs thinking they are a cure for their stress-related symptoms when in fact, these medicines usually don't address the source of the problem at all.

But you can take the time your doctor doesn't have and get to the root of your stress-related symptoms by doing some of the research and observations yourself. That's why you want to keep a diary of your stress.

Once you start this process you'll begin to see the connections between your stress symptoms and the source of your stress: When you come down with a cold before a major presentation you'll make the connection in your journal. When you experience an allergic reaction to something that's never bothered you before, you may see a connection to your levels of stress in the journal. When your belly aches every Friday before the weekly sales meeting, you'll make that connection too.

The journal helps you look for underlying causes of stress.

Once you uncover the obvious sources of your stress, the journal encourages you to look deeper for underlying sources of stress like time pressure, financial pressure and relationship problems. Most people blame their stress on an assortment of superficial hassles including traffic jams, long lines, bad bosses, slow drivers, and computers that crash. But with the help of the journal you may see that much of your stress is really the result of a single underlying problem like time pressure. (And one problem is usually easier to solve than five!)

The journal also helps you manage stress by introducing you to five relaxation techniques such as deep breathing and progressive muscle relaxation. In addition, the journal introduces you to five cognitive techniques that will change the way you think about stress. These techniques include: changing your negative self-talk, taking control and keeping your stress in perspective.

Appendix 12 Introduction of Stress Management Journal Page 2

The Stress Management Journal

Don't let your stress go unchecked.

Most people never stop to consider their own level of stress. They let it run their lives, affect their relationships and damage their careers. They never stop to figure out the correlation between their stress disorders and their sources of stress. Left unchecked, these stress-related problems eat away at your happiness and your health and can eventually lead to a life-threatening disease.

90% of all visits to primary-care physicians are for stress-related problems.

Researchers estimate that 90% of all visits to primary-care physicians are for problems that are related to stress. Migraine headaches, immune system disorders, high blood pressure, high cholesterol, heart disease and possibly even cancer are all diseases or conditions that can be adversely affected (and in some cases caused) by stress.

Think about that word *disease* for a moment. Break it down into two syllables (DIS-EASE). It's a synonym for the word stress. So isn't it worth spending a few minutes a day observing and writing down your stress-related symptoms if it will help you feel more at ease now and prevent possible *disease* in the future?

Remember, some sources of stress you can control and some you can't. So you'll never eliminate it entirely. But during the next 28 days we'll focus on the kinds of stress you can control and show you how to eliminate it, avoid it, and cope with it so you feel happier, healthier and more relaxed.

Ready to Start?

You need to keep track of your stress as it happens. In order to do this, you can either carry the stress journal with you or you can carry a small spiral-bound pad, a day planner or a 3x5 card and jot down a few quick notes whenever something stressful happens.*

At the end of the day you can transfer these notes to your journal and expand on them while the events are still fresh in your mind.

Don't wait until the following day as your memory of these events will fade quickly. In order to make the connections between stress sources and symptoms you need to do your journaling every day.

There is a little box at the bottom of each page called Stress Hits. This is a place to use tally marks to keep track of every little moment when you feel the least bit uncomfortable. On day 15 this box changes to Uplifts. Instead of tracking all the little things that get you down, now you'll be tracking the little things that perk you up.

We suggest you start Day 1 on a Monday. (Days 6-7, 13-14 etc., require you to reflect on the week that's just past and are best kept on the weekends.)

* See the back of this booklet for portable journal pages.

Appendix 13 Journal Day 1

The Stress Management Journal obvious causes	
Today you are going to jot down the events and circumstances that cause you to feel stressed.	An interaction between you and your environment that causes you to feel uncomfortable in any way.
CANADADADA	
8:45 AM I felt stressed when I couldn't fi 2:20 PM I felt stressed when I had to de 5:30 PM I felt stressed when I got stuck	al with an angry customer.
Mariana Programme Company Company	
Merning	
Afternoon	
evening	
APPARATUS MINI	
(2000)00000	Total number of times I felt stressed today

Appendix 14 Journal Day 2

	The Stress Management Journ
obvious causes	
77 tack #46 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
	• anger
	• annoyance
Today you are going to jot down	• anxiety
any distressful emotions you expe-	• worry
rience from the adjacent list.	frustration
	sadness
	• fear
8:15 AM I felt annoyed when the kids dawd 1:20 PM I felt frustrated when my compute	lled over breaktast. er didn't work right
5:10 PM I felt angry when my boss asked n	ne to work late.
Morning	
Morning	
Afternoon	
Afternoon	
Afternoon	

Appendix 15 Journal Day 3

The Stress Management Journal	
obvious causes	
Today you are going to jot down any stressful behaviors you engage in from the adjacent list. You may also wish to keep track of your stressful emotions (see previous page).	 argumentative always running late neglecting appearance reliance on alcohol excessive risk-taking disorganization apathetic or agitated change in eating habits
9:15 AM I was late for work the third time this	s week.
1:20 PM argued with a co-worker over nothing	
8:10 PM I felt so stressed out I drank three glas	
Afternoon	
Evening	
	Total number of times
	I felt stressed today

Appendix 16 Journal Day 4

	The St	tress Management Jour
Today you are going to jot down any stress symptoms you experience from this list and try to connect them with the stressful events that preceded them.	 headaches backaches skin rashes muscle tension shallow breathing sleeplessness frequent colds loss of appetite nervous stomach 	 cold hands indigestion diarrhea irritability anxiety hostility fatigue impatience racing heart
9:05 AM I could feel the tension in my sl 3:00 PM I get a headache every afternoo 11:59 PM I couldn't get to sleep thinking	on when it's hectic.	ched.
Afternoon		
Evening		
	Total number	r of times

Appendix 17 Journal Day 5

The S	Stress Management Journal
	 in denial cheating/affairs feeling burned out disregard for law disregard for law unethical behavior prolonged depression
1	Last Friday I was driving in the emergency lane to beat the traffic. Yesterday I told my customer a reconditioned product was brand new. This month I've been so depressed it's been difficult getting out of bed.
	Morning
-	
	Afternoon
-	Evening
	Total number of times I felt stressed today
L B	

Appendix 18 Journal Day 6

		The Stress Management Journal
The week in review. Today you are going to make a list of the stress, stressors and stress symptoms you experienced this week. Stressors are sources of stress, stress is how you feel during the event and stress symptoms are what you feel later. After you complete this list, circle the stressors you believe you could control (by avoiding or eliminating) and see if you can't sidestep these sources of stress next week.	 traffic flat tire argument layoffs bad news rejected frustration annoyance fear worry sadness 	 shoulder ache heartburn headache caught a cold migraine apathetic
Stressors (what happened)	Stress (how you felt at the time)	Stress Symptom (how you felt later)
friend isn't bothered by. This wil		e mystery of manag-

Appendix 19 Journal Day 7

The Stress Management Journal obvious causes heart disease hypertension allergies insomnia migraine headaches The BIG picture. This week you looked chronic pain for your most obvious causes of stress. We learned the difference between stres- digestive disorders sor, stress and stress symptoms. Our goal was to make you more aware of who or How badly do I need what is bugging you on a daily basis. Go this journal? back over the week and look for any patterns. You may find the name of one per-Evaluate each statement and indicate son (like a particular co-worker or client) how you feel about it by choosing a that keeps popping up. Or you may find number from 1-4. that one activity like waiting in lines, or 1 = Strongly disagree driving in heavy traffic is causing you to 2 = Moderately disagree feel stressed. Or you may find one time 3 = Moderately agree 4 = Strongly agree of day - like the morning rush - where you experience the most stress. 1. I often feel disorganized. 2. I am often late for appointments. If it's one person - let's say a client maybe you can hand that person off to I get headaches twice a week. someone else in your office. If it's one I get 4 or more colds a year. activity, like waiting in lines, maybe there 5. I take over-the-counter medications are times you can shop or do your bank-two times a week or more. ing when the lines aren't so long. If it's I lose my temper easily. one time of day, like the morning rush, maybe you can get up a half an hour ear-1 suffer from insomnia. lier, or get things ready (like bag lunches) 8. My life feels out of control. the night before. 9. I often drink an alcoholic beverage In the box to the right we've included a to calm me down after work. short stress test. This is just an informal 10. I'm too busy to exercise on a regular basis. test designed to give you some perspec-Total Score tive about how much stress you are expe-If your total score is between 10-15 use the journal for riencing in your life right now. fine tuning: 15-25 there are some areas you need to work on (notice any statements you strongly agreed with. This is an area that needs work); 25-35 you need to pay close attention to the techniques offered in this journal. 35-40 keep using the journal and retaking the test until you lower your score by at least 10 points. Total number of times I felt stressed today,

Appendix 20 Journal Day 8

The Stress Management Jou
#1 underlying cause of stress:
Time Pressure (TP) Deadlines, due dates, running late for work, getting to school on time; we all experience
time pressure on a daily basis. But few of us realize exactly how much stress is attributed to this phenomenon. We tend to blame the events that slow us down rather than time pressure itself. When this happens to you, ask yourself: "If I had allowed more time, would this event still be stressful?" If not, the underlying cause of your stress is time pressure.
(underlying cause)
ed her milk. (TP)
ammed. (TP) (nothing to do with TP)
aín
Total number of times I felt stressed today

The Stress Management Journal		
underlying causes		
Today you'll think about examples of financial pressure in your life. Review the last few weeks. Ask yourself: "Are my debt levels causing me to worry excessively about little things like who's going to pick up the check at a restaurant or big things like how long could I afford to maintain my current lifestyle if I lost my job?"	#2 underlying cause of Financial Pressure Jumbo mortgages, credit card debt, cand an uncertain economy can all ac measure of underlying stress into you people have no idea how much stress by financial pressure. It can sneak intwith your spouse. It can adversely aff decision making and it can eventuall burnout and job dissatisfaction.	(FP) ar payments dd a great ur life. Most s is caused to arguments fect your
Examples:		,
obvious cause	(underl _į	ying cause)
Friday Got a collection call when I got home		(FP)
Monday Heard a rumor about downsizing - f Tuesday My spouse and I argued over a recer		(FP) (FP)
obvious cause	(unaeri	ying cause)
Is your debt causing you to feel stressed?	Why? What can you do to Total number of times I felt stressed today_	· · · · · · · · · · · · · · · · · · ·

Appendix 22 Journal Day 10

	The Stress Management Journal
underlying causes	
Today you'll be on the lookout for relationship problems. Notice how one relationship problem causes others. Sometimes an argument at work is followed by an argument at home or vice versa. Take a look at the last few weeks if you don't encounter any relationship problems today.	Relationship Problems (RP) Problems, with your boss, customers, clients, your spouse, a parent or a child can affect you greatly. It's been said that 85% of our satisfaction in life comes from our relationships with other people. Are you giving your most important relationships the time and attention they deserve?
electurales	
	(underlying cause)
8:15 AM Felt nervous about going to work.	(RP with boss)
1:40 PM. I got chewed out by my boss for a 7:10 PM. I yelled at my son over a minor inc	
List 3 ideas for improving your most inc	Total number of times I felt stressed today
	11

Appendix 23 Journal Day 11

The Stress Management Journal	
underlying causes	
monitoring stress #	4 underlying cause of stress:
Look today for examples of disorganization in your life. Think back over the last several weeks if you need to. If you	isorganization (D) ou work from a messy desk, or your closets are organized, or your files are a mess, your life is ng to feel out of control. Your disorganization be a major source of stress.
feel strongly that you are already well organized, use this day to look for more examples of time pressure, financial pressure or relationship problems.	
Examples:	
obvious cause	(underlying cause)
8:35 AM Felt frustrated when I couldn't find the 2:40 PM I felt anxious when I couldn't find an 7:35 PM Just opening my closets makes me fee Your journal entries:	important file. (D)
obvious cause	(underlying cause)
How do you feel when your closet, desk, or a	ar is a mess? Explain
Stress Híts	Total number of times I felt stressed today

Appendix 24 Journal Day 12

	The Stress Management Journal
underlying causes	
monitoring stress	#5 underlying cause of stress:
Today you are going to look for examples of how job stress affects your whole life. Everyone knows their job is stressful to some extent, but few realize how often job stress affects their personal life as well. That's why we included this topic as an underlying cause of stress.	Job Stress (JS) When your working environment is unpleasant, noisy, poorly lit or dangerous; or you're forced to work at an uncomfortable pace, deal with a difficult boss, or are beset with bureaucratic red tape; or you work under the threat of layoffs, discrimination, or harrasment: Your life can be a living hell. Not only will you experience stress at work, but this stress will certainly spill over into your personal life as well.
Examples:	*
obvious cause	(underlying cause)
6:15 AM Slept poorly. Threat of layoffs at v	vork. (JS)
4:40 PM Headache working with toxic che	emicals all day. Irritable at home. (JS)
5:30 PM Too many deadlines; I feel like I'n	n catching a cold. (JS)
List three ways you could decrease your	(underlying cause)
Stress Hits	Total number of times I felt stressed today

Appendix 25 Journal Day 13

The Stress Management Journal			
underlying causes			
The week in review. Today you are going to review your obvious and underlying causes of stress and look for solutions. There are millions of obvious causes but relatively few underlying causes of stress. For example, look at all the times this week your underlying cause of stress was time pressure and think how much stress you could eliminate by simply building	downsizinglost keyslate for work	time pressure job stress relationship probs. financial stress disorganization time pressure	⇒allow extra time ⇒better lighting ⇒talk more ⇒send out resume ⇒get key beeper* ⇒make lunches the night before
more time into your busy schedule! Obvious cause: Traffic.	underlying Time Pressure.		w extra time.
Share this list with someone you trunderlying sources of stress. Ask th	ust. Ask them if the em for advice on I	ey agree with your ass now they would solve	essment of your these problems.
Stress Hits	- Alaci		umber of times ressed today

Appendix 26 Journal Day 14

The Stress Management Journal

underlying causes

DAY 14

The BIG picture. You've spent two weeks simply monitoring your stress. The first week you looked for obvious causes of stress and the second week you looked for the underlying causes of stress. So far you've learned the difference between stress and stressors. (Stressors are what happens to you and stress is how you take it.)

You've also learned that while there are a great many causes of stress, there are relatively few underlying causes. Yelling at your children for dawdling, or getting into a fight with your spouse while you're hurrying to get somewhere or being chewed out by your boss for turning in a late assignment may have more to do with time pressure than having disobedient children, an unthoughtful spouse or a nasty boss.

Also notice how a relationship problem with one person can affect your relationships with others. An argument at work is often followed by an argument at home or vice versa. And notice how an argument with a spouse is often followed by an argument with a child.

Take careful note of how financial pressure can eat away at your peace of mind like a slow growing cancer. If you have a lot of loans and credit card debt, don't underestimate this as a major source of stress. Disorganization and job stress are important areas to consider also.

When you stop at the most obvious cause of your stress, you'll never eliminate it. You have to keep looking deeper. But once you identify the underlying causes, and keep applying your best problem-solving abilities to the situations that crop up over and over again, you'll eventually eliminate a major amount of stress from your life.

Stress Hits

underlying causes of stress:

- Time pressure
- Financial pressure
- Relationship problems
- Disorganization
- Job stress

Test your ability to identify underlying causes of stress

Choose A for Time pressure

- B for financial pressure
- C for relationship problems
- D for disorganization
- E for job stress

Read the five paragraphs below. Try to determine the most likely cause of underlying stress. **Hint:** There's a different underlying cause of stress for each scenario.*

- You reach for the kitchen scissors and they're not there. You search several other drawers where you occasionally leave them, then the whole house. You blame your child for misplacing them but eventually find them in the kitchen "junk drawer."
- It's 7:20 PM and you and your spouse are on your way to a movie that started at 7:15. On route you get into an argument over who should have taken out the trash.
- After hearing a rumor about layoffs at work you come home and discover your spouse has forgotten to run an errand for you that day. You get upset and express your anger___
- You've been fighting with your spouse all week, and even used the word divorce. When a co-worker at your office politely asks you for a favor you explode.
- Your spouse comes home and announces, he's just bought you a new car. Instead of being happy and excited, you're annoyed and anxious. He can't understand your reaction.

*Clearly there are no right and wrong answers here so pick the *most likely* cause and just use the answers below for comparison.

1. D 2. A 3. E 4. C 5. B

Total number of times I felt stressed today____

17

Appendix 27 Journal Day 15

For two weeks you've been simply monitoring your stress. Now you are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to learn how to manage to see the simply are going to see the see the simply are going to see the simply are going to see the see the simply are going to see the simply are going to see the see the simply are going to see the simply are going to see the	Stress Management Journal	
About relaxation technique Felt uneasy about going to work. Had a difficult encounter with my boss. Stuck for 1 hour in a traffic jam. About relaxation technique (DB for 2 min. felt better) (calmed myself with 1 min. of DB) (DB for 1 min. felt better)	For two weeks you've been simply monitoring your stress. Now you are going to learn how to manage it. This week you will learn five relaxation techniques that will help you relieve stress and blow off steam. Any time you feel tension	Deep Breathing (DB) Deep breathing is so simple to do you can learn right now. After reading these instructions, close eyes and start breathing in and out to the silent of five. (Breathing in 1-2-3-4-5 and breathing out 1-2-3-4-5). At this same slow pace, try breathing through your nose and out through your partially
	Felt uneasy about going to work. Had a difficult encounter with my boss. Stuck for 1 hour in a traffic jam.	(DB for 2 min. felt better) (calmed myself with 1 min. of DB) (DB for 1 min. felt better)
		About relaxation teornique
		ppened today that was uplifting.
Think of anything you did or that happened today that was uplifting.		d my car, took a long shower, played
(We'll supply a list of examples for today only.)		
Ate lunch outside, saw a movie, polished my car, took a long shower, played		
(We'll supply a list of examples for today only.) Ate lunch outside, saw a movie, polished my car, took a long shower, played tennis, gazed at the stars, picked apples, finished a big project, organized my desk	, , , , , , , , , , , , , , , , , , , ,	
(We'll supply a list of examples for today only.)	unlifts (see list above for examples)	The section of the se

Appendix 28 Journal Day 16

	The Stress Management Journal
Any time you feel tension today try doing just a couple of minutes of deep breathing or progressive muscle relaxation to manage your stress. Examples: Arrived at work late, felt stressed.	Progressive Muscle Relaxation (PMR) Sit in a chair, feet flat on the floor with your hands in your lap. Make a fist with each hand. Tense the muscles in your arms for ten secondsthen release that tension, noticing the warm state of relaxation that naturally follows. Work your way progressively through your whole body, tensing and relaxing the muscles in your head and neck, (clench your jaw, scrunch your face) your shoulders and back, (arch your back, lift your shoulders up to your ears) abdomen and legs (tighten all the muscles in your belly and legs). Take time between each muscle group to enjoy the relaxation that naturally follows. About relaxation technique (did DB for 1 min felt much better)
Dealt with a nasty customer. Watched the 11 o'clock news, felt wired	(tried PMP in the brook room falt a little bound
Your journal entries: Think of anything you did or that he	About relaxation technique
uplifts	Total number of times I felt stressed today

Appendix 29 Journal Day 17

The Stress Management Journal	
Today you're going to try simply stretching at your desk or work station. You can do these exercises standing up or sitting down. Use the other two relaxation techniques you've learned whenever you feel stressed.	Stretching (S) Tyou're sitting in a chair, put your feet flat on the coor. Raise your arms up over your head. Stretch your pine out as if you were reaching and grabbing for maginary apples just over your head. Alternate arms is you reach and grab. Feel the stretch in your shoulters and upper back. Do this for at least 1 minute. How lower your arms and clasp your hands behind our back. Arch your back. Squeeze your shoulder plades together as if you were squeezing a lemon eleaveen them. Count to ten and release, letting all the tension flow right out of your back. Stand up. Lift your arms straight up over your head. Lean sideways to the right and then to the left. Repeat.
Examples:	About relaxation technique
Worked at the computer all day, muscles tensor Putting on a presentation felt nervous. Paid bills and felt stressed.	•
Your journal entries:	About relaxation technique
Think of anything you did or that happen	ed today that was uplifting.
uplifts	Total number of times I felt stressed today
20	

Appendix 30 Journal Day 18

	The Stress Management Jour
Any time you feel tension today try doing a couple minutes of stretching, deep breathing or progressive muscle relaxation to manage your stress. Save autogenic meditation for some point during the day (or the end of the day) when you know you won't be interrupted. Find a quiet place, close the door, turn off the phone and allow yourself to really focus. Meditation takes practice. Don't be discouraged if it doesn't seem to work the first few times.	#4 relaxation technique Autogenic Meditation (AM) Take a minute to focus on your breathing. Breathe in slowly and breathe out slowly. For the next few minutes repeat to yourself silently: I am getting more and more relaxed. To achieve an even deeper state of relaxation add a ten to one countdown at the end of your meditation. Say to yourself: Ten, I am getting more and more relaxed. Nine, my forehead is relaxed. Eight, my shoulders are relaxed and so on until you work your way down the body relaxing one muscle group at a time until you get to: One, I am deeply, deeply relaxed. Enjoy this deep state of relaxation for about a minute and then open your eyes slowly.
xamples:	About relaxation technique
Spent 20 minutes waiting for tech support My shoulders ached after a long drive. Couldn't sleep - worried about layoffs.	(did 1 min. of S - not quite long enough (Tried AM - had trouble focusing)
our journal entries:	About relaxation technique
Think of anything you did or that ha	ppened today that was uplifting.
	SCHOOLINGERSTERN, N FLITZER JOHN THURSDEST CO A STATE OF THE STA
uplifts	Total number of times I felt stressed today

2

Appendix 31 Journal Day 19

The Stress Management Journal	
m a n a g i n g s t r e s s Today you're going to add exercise* into your weekly routine. Plan a 20 minute aerobic exercise period, preferably in the	#5 stress reduction technique Exercise (EX) Aerobic exercise is one of the best stress management techniques there is. Any exercise that gets you winded is considered aerobic. 20 minutes of aerobic exercise a day, three days a week is all you need to stay fit and fight stress. Jogging, swimming, biking, jumping rope or even a brisk walk can all give you an aerobic workout. Light exercise is
morning, three times during the next week. Or, you can do 30 minutes of light exercise such as walking 6-7 times per week. Light exercise can be broken up into three 10-minute blocks.	also an option. Walking the dog, vacuuming, gardening, mowing the lawn, bowling and even ping pong are just a few of the many examples of light exercise. Studies show, light exercise must be done for 30 minutes on most days to achieve the same cardiovascular benefit as aerobic exercise. But it can be conveniently broken up into three 10-minute segments and spread throughout the day.
Examples:	About relaxation technique
Big job interview today, felt nervous. Waiting for interview in lobby - felt tens	(EX really worked to calm me down) se. (Did DB got my mind off it)
Interview went well but I felt restless at	bedtime. (AM - worked well)
Think of anything you did or that h	appened today that was uplifting.
uplifts	Total number of times I felt stressed today
2 *Consult your doctor	before beginning any exercise program.

DAY 20

The week in review. You now have five tools to choose from (plus the new ones we've added here) to counteract the buildup of tension. Just as everyone experiences stress differently, the tools you choose for managing stress will differ also. Pick the techniques that work best for you and pencil them into the calendar below. We've highlighted the hours of the day people typically use for scheduling these activities. (Before breakfast, lunch hour, and after 9PM; These times belong to you.) Remember, TV watching isn't necessarily relaxing. Try stealing an hour or two from your evening TV-schedule (go to bed earlier) and use this time for some rejuvenating activity in the morning.

Stress reduction techniques

- Deep Breathing
- Prog. Muscle Relaxation
- Stretching
- Autogenic Meditation
- Exercise
- · A hot bath
- Listening to relaxing music
- Reading a good book
- Getting a massage
- Taking a nap
- Walking in the park
- Planning/organizing

S	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
6-7AM				10 1.477 F 4 1.77			1
7-8							4. 19.1
8-9							
9-10							
10-11							
11-12							
12-1PM				8971 THY 200			
1-2							
2-3						Participant of Alian Maria Inches	
3-4							
4-5					***************************************		
5-6					,		
6-7							
7-8		***************************************					
8-9		4.1	, , , , , , , , , , , , , , , , , , , ,				
9-10				Charles Aller			
10-11							

uplifts

Total number of times
I felt stressed today____

23

DAY 21

The BIG picture. A flat tire, a pressing deadline, a computer malfunction, a nasty boss, a traffic jam, and a long line, are all examples of events and circumstances that most people consider stressful.

But what if we told you that none of these examples are stressful unless you *think* they are? And what if we told you that you could change your thinking and choose to by-pass stress almost any time you want?

Sounds impossible, doesn't it? That's because our reactions to stress seem automatic. But they don't have to be. You can learn to mentally control your reactions by changing your thought patterns. Psychologists call this cognitive restructuring.

Look at the A+B=C equation in the box to the right. This is what we call the sequence of stress. A represents the stressful event. B represents your beliefs about that event. And C represents what you feel afterward (which is usually stress). Most people believe that A equals C. In other words, that stressful events automatically lead to stress. But usually it's your thoughts and beliefs about stressful events that are the true sources of your distress.

Study the box to the right and you'll see how you can significantly lower your stress by changing your thoughts and beliefs at **B**.

An alternate definition of stress

"Nothing is either good or bad but thinking makes it

so."— William Shakespeare

The Sequence of Stress:

A+B=C*

The Activating Event plus your Beliefs about that event equals the Consequence

If you are driving on the highway and you get a flat tire: that's the Activating event.

If you say to yourself:
This is just awful, why
does this stuff always
happen to me? that's
your Belief.

If, as the result of A +
B, you feel upset - that's
the Consequence.

You can change your thinking at B. You can say to yourself: "This stuff happens to everyone and I can handle it. I'll call AAA or I'll change the tire myself. It's no big deal. I'll be back on the road in no time."

When you change your thinking at B you won't feel as stressed at C.

* Based on the work of psychologist Albert Ellis

Total number of times
I felt stressed today____

uplifts

DAY 22

This week you are going to be learning the ABCs of stress. Understanding the ABC sequence (see page 24) is the key to dramatically lowering the amount of stress you experience personally. Today's topic is negative self-talk. Self-hatred, lack of confidence, low self-esteem and low regard for others often starts with negative self-talk. To learn more, read the paragraph to the right.

Examples Sjournal Entries:

cognitive technique #1

Dispute negative self-talk

Your mind quietly comments on almost everything you do. And much of what it says is overly negative, exaggerated or simply untrue. Become aware of this phenomenon known as *negative self-talk*. This voice in your head causes you a lot of pain. Why? Because you believe it to be the voice of truth, when it really isn't. This is the voice that says things like: "I can't, it's too hard, I'll never get this done and people always let me down." And it also negatively comments on everyday events like getting stuck in traffic: "Now I'll never get to work on time. I'm always running late. I'm such a jerk!" When you hear yourself speaking in this way, argue back. *Dispute your negative self-talk*. "Yes, I'll probably be a little late today, but I'm not *always* running late, I was on-time every other day this week. I'm a conscientious person."

(self-talk)

Activating Event	Irrational Beliefs	Consequences
Argued with co-worker.	What a complete jerk.	Felt angry.
Had to speak before a large group.	I'd rather die.	Felt terrified.
Got stuck in traffic.	I hate traffic jams.	Felt annoyed.
		Tok unito year
Did you notice any of your self-tall	e today 2 tage it e m	
g of good sooj-can	e coungs was the ever overly	j negative?
(We'll supply an example for today only:)		
Pick an Activating event and dispu	ite your irrational	
beliefs by rewording them in a more	e positive way. A: My boss	is always criticizing me.
		omplete jerk.
Rational dispute: Other popula soon to tile		
Rational dispute: Other people seem to like	nim. And I have to admit, I'm	ensitive to criticism.
New B: He's not a complete jerk and he's no	ot always criticizing. He occasion	nally compliments, too.
Different C: I felt more in control and le	ess stressed.	
uplifts		
	Total numb	er of times
	I felt stresse	d today

25

The Stress Management Journal		
mastering stress DAY 23 Blaming only makes you feel worse. Today you're going to focus on avoiding the blame game.	Cognitive technique Avoid the Blame When you say to yourself: It's all you're subtly saying: "I'm not in a life." Blaming others for your pro you feel worse. But when you tal your part in the problem, you acmore in control. Remember, you blame either. You're just saying, I this situation better and I can fix next time it comes up.	his or her fault, control of my own oblems only makes ke responsibility for tually feel better - 're not taking the could have handled
Examples & Journal Entries: Activating Event Given conflicting assignments. My spouse tracked in mud. Argument with family member over money	It's all my boss's fault. He's always* doing this.	Consequences Felt frustrated. Felt annoyed. Felt angry.
Díd you blame anyone for something? Día	l it make you feel better or	worse? Why?
Pick an Activating event and dispute beliefs by rewording them in a more po Rational dispute:	your irrational sitive way. ¹ A: B:	
New B:		
Different C:		
* Cognitive tip for the day. Whenever you hear the wor that your thinking is probably a bit irrational. For exampmud in, check to see how accurate this statement is. Or mud in. He has done it several times but occasionally here.	n second thought you realize: my s	ed today talk, let it be a signal to you pouse is always tracking
mud in. He has done it several times but occasionally in		

Appendix 36 Journal Day 24

The Stress Management Journal cognitive technique #3 Shift your focus forward When you are first confronted with a problem you tend to focus more on its existence than on the possi-Decide today not to wallow in your probble existence of a solution. This can have a paralyzing lems. Shift your focus forward by looking affect on your behavior. When you shift your focus forward, you move as quickly as you can from the for solutions instead. realization of a problem to the active pursuit of a solution. Be confident that a compromise or a solution exists, and you will quickly see your stress melt Examples & Journal Entries: (self-talk) Activating Event *irrational Beliefs* Consequences Computer isn't working. This thing is always breaking down. Felt frustrated. Your friend is late meeting you. He's never on time. Felt annoyed. Impossible deadline. I'll never get this done. Felt angry. How did you feel when you focused on the solution rather than the problem? Pick an Activating event and dispute your irrational beliefs by rewording them in a more positive way. A: _ Rational dispute: New B: Different C: Total number of times I felt stressed today Cognitive tip for the day: Some irrational beliefs (i.e., traffic jams are awful) persist over time despite your best efforts to change them. But by challenging these beliefs over and over again (Traffic jams only seem awful because I'm running late) you will eventually win this battle and permanently lower your levels of stress. ¹ See example on page 25. 27

DAY 25

Probably the most important aspect of managing your stress is having a sense of control over what happens to you.

cognitive technique #4

Take Control

(self-talk)

When your life feels out of control, you will feel helpless and stressed. Disorganization, working without a plan, too many half-finished projects and endless lists of things to do can leave you feeling overwhelmed and powerless. But careful planning, getting organized, learning time management, and setting realistic goals are all steps you can take to help you feel more in control.

Examples	ε	lournal	Entries:

Activating Event	<i>irrationalBelie</i>	fs	Consequences
Person w/less seniority promoted over me.	Life is out of cor	ntrol.	Angry.
	Life is out of co		Frustrated.
My house is a mess.	Life is out of cor	ntrol.	Depressed.
This is of themse their as your age do to agin	aveater and trail or	lav a cituat	ion listed share
Think of three things you can do to gain	greater control o	ver a situat	ton ustea above.
Pick an Activating event and dispute	your irrational		
beliefs by rewording them in a more po	ositive way. A:		
	В:		
Rational dispute:			
New B:			
Different C:			
uplifts			
		Total number I felt stressed	
Cognitive tip for the day. Take one step, any step, towato feel stressed. For example, if your child's poor sleeping the subject. Simply taking this one step will help you fe	ng habits are getting o	ut of control, go	et a hold of a book on

¹ See example on page 25.

29

DAY 26

When a stressful moment arises today, try imagining how important this event will seem in a week, a month or a year.

¹ See example on page 25.

cognitive technique #5

Keep your stress in perspective

On a scale of 1-100 (if a nuclear holocaust gets a 100) where does your problem rank? We rarely ever put our minor annoyances in the proper perspective. To help you do this try seeing the humor in your situation. If you can find something to laugh about (while recounting your situation to a friend) that's half the battle. When problems come up at the end of the day try tackling them the next morning when you're fresh.

Examples & Journal Entries: (self-talk) Activating Event Irrartional Beliefs Consequences The store is out of what you want. They are always running out. Felt frustrated. Missed your child's school play. I'm a terrible parent. Felt depressed. Your brother-in-law asks for a loan. He's totally out of line. Felt angry. Pick an event that got blown out of proportion and try to figure out why? Pick an Activating event and dispute your irrational beliefs by rewording them in a more positive* way. A: _____ Rational dispute: New B: Different C: Total number of times I felt stressed today_ *Cognitive tip for the day: Cognitive restructuring (CR) is not the same as positive thinking. Positive thinking asks you put a positive spin on life's difficulties. But CR asks you to see things just as they are: To be rational about stressful events but NOT overly negative. So with CR you don't have to pretend that getting a flat tire on the interstate is a happy moment. On the other hand, it's not the end of the world either.

30

DAY 27

The week in review. This week you went beyond monitoring and managing stress, you moved into mastering it. When you address stress cognitively - by questioning the beliefs and behavior patterns that result in stress - you are much more likely to eliminate your stress completely. Today you are going to review your ABCs. The lines below are laid out in groups of two. On the first set of lines jot down an ABC sequence you experienced this week. On the second set of lines (using the same A) apply one of the 5 cognitive techniques listed above and see how reframing your B changes the outcome at C.

5 cognitive techniques

- Dispute negative self-talk
- Avoid the blame game
- Shift your focus forward
- Take control
- Keep your stress in perspective.

A Cota a recording timber	It's not fair, the other guy was going faster.	Very frustrated, angry
Got a speeding ticket Got a speeding ticket	Life isn't always fair I was driving too fast.	Mildly frustrated
(Same A w/new B & C)		
(Same A w/new B & C)		
(Same A w/new B & C)		
(Same A w/new B & C)		
(Same A w/new B & C)		
(Same A w/new B & C)		
uplifts		number of times stressed today

DAY 28

The BIG picture. Congratulations! You have now completed your 28 day stress management journal. It's important to remember as you continue on during the upcoming weeks and months that occasionally you will still experience stress - despite everything you've learned to date. But now you have the tools to minimize the impact that these stressful events have on you.

You now know how to recognize stress in its earliest stages. You know the emotional signs of stress like anger, annoyance, worry, frustration and fear. You know the behavioral signs of stress like being argumentative, easily annoyed, apathetic, or over-eating to relieve tension. You know how to spot stress patterns and the people who push your buttons and you know the five underlying causes of stress including time pressure, financial pressure, disorganization, relationship problems and job stress.

Once you identify your stress, you now have five tools for managing it including, deep breathing, stretching, progressive muscle relaxation, exercise and autogenic meditation. You even have five cognitive methods for mentally short-circuiting stress including dispute negative self talk, avoid the blame game, shift your focus forward, take control and keep your stress in perspective.

From now on, when you encounter a stressful situation, use your cognitive techniques first. If you still feel stressed after that, try a relaxation technique like deep breathing. Plan at least 3 relaxing activities every day and try to

New definition of stress:

Stress is a *problem* you can often solve.

schedule a 20-minute aerobic exercise period at least 3 days per week or 30 minutes of light exercise on most days. Remember, you'll never completely eliminate stress from your life, but you can dramatically build your resistance to it by employing the many techniques you've learned here.

Five more ways to manage your stress

- Don't pass judgement. Every time you pass judgement you will feel a little stressed. Give people the benefit of the doubt and you will feel more relaxed.
- Always arrive a few minutes early.
 When you're always running late you're always going to feel stressed. Force yourself to always arrive early and you will eliminate a large measure of stress from your life.
- Seek support. The advice and help of friends and family is often the key to handling your most stressful situations.
- Don't catch other people's stress. If someone is short-tempered with you remember that's their stress not yours.
- Listen more. Talk less. Research shows that your blood pressure goes up just a bit when you talk and it goes down when you listen. Relax and listen.

uplifts

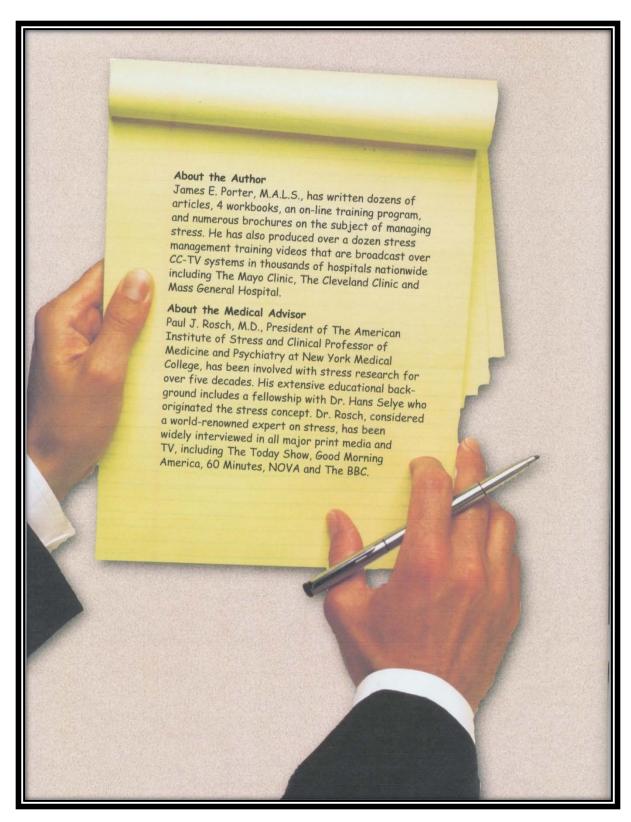
Total number of times I felt stressed today____

31

Appendix 41 Journal Additional Space

The Stress Management Journal
Additional space and/or portable journal pages: Just note the day # and you can reference your additional notes back to the original page. You may also photocopy this page and carry it around with you (instead of the whole journal). If you choose this method be sure to fill in the details in your journal by the end of each day.
Day#
Day#
Day #
-ng #
Day #
Day #
Day #
32

Appendix 42
Back Cover About the Author: James E. Porter, M.A.L.S.



Appendix 43 Definition of Vicarious Traumatization

Karen W. Saakvitne and Laurie A. Pearlman, defines "Vicarious Traumatization [as] a transformation of the helper's inner experience, resulting from empathic engagement with clients' trauma material."

In other words, these are factors that increase our vulnerability.

Saakvitne and Pearlman claims,

Vicarious is a process, not an event. It includes our strong feelings and our defenses against those feelings. Thus vicarious traumatization is our strong reactions of grief, rage, and outrage, which grow as we repeatedly hear about and see people's pain and loss and are forced to recognize human potential for cruelty and indifference, and it is our numbing, our protective shell, and our wish not to know, which follow reactions. These two alternating states of numbness and overwhelming feelings parallel the experience of Post-Traumatic Stress Disorder or PTSD.²

¹ Karen W. Saakvitne and Laurie A. Pearlman. Transforming the Pain: A Workbook on Vicarious Traumatization. (New York, NY: WW. Norton & Company, 1996), 40
² Ibid., 41

Appendix 44 Signs and Symptoms of Vicarious Traumatization

VICARIOUS TRAUMATIZATION

Signs and Symptoms

General changes

- No time or energy for oneself
- Disconnection from loved ones
- Social withdrawal
- Increased sensitivity to violence
- Cynicism
- Generalized despair and hopelessness
- Nightmares

Specific changes

- Disrupted frame of reference
- Changes in identity, world view, spirituality
- Diminished self-capacities
- Impaired ego resources
- Disrupted psychological needs and cognitive schemas
- Alterations in sensory experiences (intrusive imagery, dissociation, depersonalization)

Contributing Factors

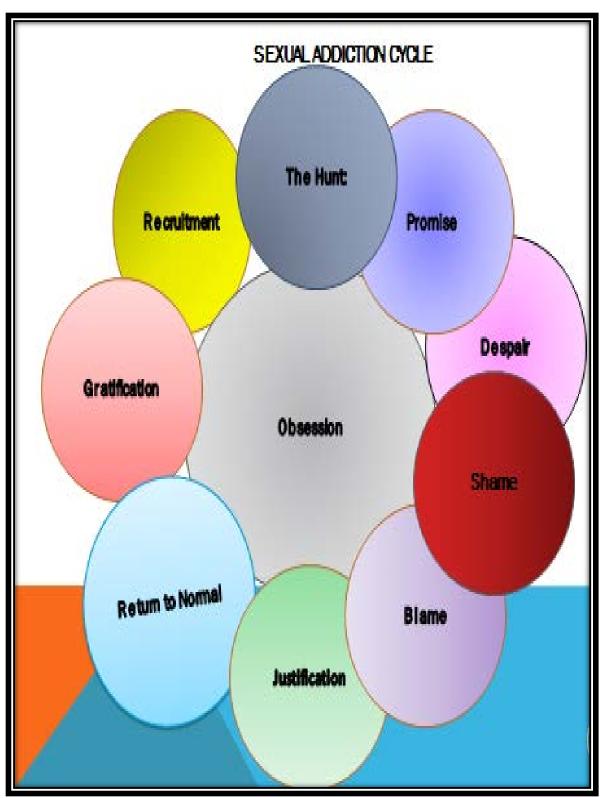
The situation

- Nature of the work
- Nature of the clientele
- Cumulative exposure to trauma material
- Organizational context
- Social and cultural context

The individual

- Personal history
- Personality and defensive style
- Coping style
- Current life context
- Training and professional history
- Supervision
- Personal therapy

Appendix 45
Sexual Addiction Cycle and Its Impact on Stress



Appendix 46 Are You A Sex Addict? Self-Test

ARE YOU A SEX ADDICT? SELF-TEST

diction questionnaire was developed by sexual addicts as an aid in self-

	diagnosis. Cheek all that apply to you.	
	Do you sense that your sexual thoughts or behaviors are causing problems in your life?	,
[]	Have sexual thoughts interfere with your ability to function at work or at school?	
	8 Do you worry that your sexual thoughts or behaviors are more powerful than you are?	la .
	 Do you sometimes think that you are the only person who has certain sexual thoughts 	
	or who engages in certain sexual behaviors?	
	 Do you feel to meet commitments or field to carry out responsibilities because of your 	
	sexual behaviors?	
П	6. Do you struggle just control or to stop completely your sexual thoughts or behaviors?	
	7. Do you fantasize about sex, or masturbate, or engage in sexual activity with another	
	person in order to escape, deny, or numb your feelings?	
	8. Do you think about sex either more or less than you would like to?	
	9. Do you think of yourself as a person who has no sexual thoughts were desires	
	whatsoever?	
	10. Do you think that there is something wrong or abnormal regarding the frequency of	
	sexual activity that you have or wish to have?	
	11. Do you spend more money than you can afford to spend on sexual activities?	be
	12. Does it seem as though there is another person or force inside you that drives you to	-
[7]	sexual? 13. Do you have standards of fidelity, one for yourself and one for your partner?	
	13. Do you have standards of idelity, one for yourself and one for your parameters. 14. Do you think you would be happy if only you had enough sex or just the right sex	
1_1		
	partner(s)? 15. You feel empty or shameful after having sexual fantasies or engaging in sexual activity	y?
	16. Do you feel obligated to have sex?	
	17. Have you ever promise yourself that you would never again have another sexual	
<u>L.</u> l	relationship?	
	18. Do you find it necessary to fantasize during sexual activity?	
	19. Do you said rules regulating the frequency of your sexual thoughts and activities?	
	20. Do you dress in such a way as to make your body appear undesirable?	
	21. Do you set rules regarding when, how, or with whom you can be sexual, then break	
L	those rules?	_
	22. Do you sexual thoughts or behaviors to deal with, deny, or avoid problems in your life	er
	23. Do you stress or promises in order to have sexual activity with another person?	
	24. Do you sometimes find yourself being sexual or flirting with someone and wondering	5
	how it happened?	
	25. Do you miss legal problems in order to be sexual?	

Appendix 47 Are you A Sex Addict? Self- Test Cont.

ARE YOU A SEX ADDICT? SELF-TEST
26. Have you stayed in a marriage or other relationship only because you thought that the
relationship somehow protected you from being promiscuous?
27. Do you think that your sexual abilities of the most important qualities you have to offer another person?
28. Are you fearful of seeking medical attention for injuries related to your sexual activities?
29. Do you anxiously anticipate or fear trips out of town because of what you think you might do sexually while you're away?
30. When you have child-care responsibilities, do you put a high priority on masturbating or
being sexual than that on the welfare of the child (ren) in your care?
31. Do you sexual thoughts or behaviors interfere with your spiritual or religious life? Do
your sexual thoughts or behaviors cause you to believe that you don't deserve to have a
religious or spiritual life?
32. Are you afraid to be left alone with children for fear of being sexual with them?
33. Have your sexual thoughts and behaviors led you to consider suicide castration, or self-
mutilation?
34. When you I relationship with someone, do you try to make sure that another sex
partner will be available to you in case anything goes wrong with the first relationship?
35. Do you stay in unsatisfying, painful, humiliating, or otherwise unhealthy relationships
only so that you can continue to be sexual with someone?
36. Do you spend time with people you don't even like or respect, hoping that you will have an opportunity to be sexual with them?
37. Do you have sex with your partner even when he is ill?
38. Does your sexual partner complain about your need for sex or sexual behaviors?
39. Does your partner refused to participate in certain sexual activities with you?
40. Do you even minimize or exaggerate the facts when discussing your sexual life with
others?
41. Have you ever try to stop your sexual activity in an effort to end a painful relationship or behavior pattern?
42. Do you initiate sexual activity with a partner before he is away?
43. Do you have chronic medical problems with your sex organs?
44. Do you put yourself in danger by not taking reasonable precautions or by going to
unsafe places in order to have sex?
45. Have you lost a job or risk losing a job because of your sexual behaviors?
46. Do your sexual behaviors cause you to violate the ethical standards, principles, or oaths of your profession?
47. Do you scan printed materials (novels, newspapers, magazines) or change channels on
the television set just to find something that will stimulate you sexually?
2

Appendix 48 Are you A Sex Addict? Self-Test Cont.

ARE YOU A SEX ADDICT? SELF-TEST 48. Do you regularly engage in fantasies involving self-abuse or other kinds of physical abuse? 49. Do you trade material things (dinner, drugs, and money) for sex? 50. Do your sexual behaviors lead you to risk injury, illness, or death? 51. Have your sexual behaviors lead to treatment or hospitalization? 52. Do you masturbate after having sex? 53. Have you injured yourself due to the frequency, intensity, or nature of your masturbation or other sexual activities? 54. Would you rather masturbate then be sexual with a partner? 55. Do you spend time looking through windows, hoping that you might see something that will stimulate you sexually? 56. Do you follow people on the street, pick up hitchhikers, or drive around in your car, hoping that these activities will lead to sexual encounters? 57. Do you undress, masturbate, or engage in sexual activities in places exchanges are likely to see you? 58. You feel compelled to address a certain way or to take part in certain rituals in order to masturbate or be sexual with another person? 59. Do you seek out crowd so that you can rub against people or otherwise being pulses contact with strangers? 60. Do you make phone calls to strangers in order to about six or masturbate? 61. Do you masturbate while driving? 62. Have you ever been sexual with animals 63. Have you replace a collection of pornographic material after destroying one collection and vowing never to purchase pornography again? 64. Do you masturbate or engage in sexual activity with partners in public places? 65. You still money in order to engage in sexual activities? 66. Has an important relationship your life ended because of your inability to stop being sexual outside of that relationship? (Reprinted from Hope & Recovery: A Twelve Step Guide for Healing from Compulsive Sexual Behavior, available through Hazelden Educational Materials, Center City, Minnesota.)

EUSTRESS-VS-STRESS

Selye did not view all stress as bad, however, and defined it is having two sides, one positive and one negative.

- In positive stress or eustress, the stressors promote well-being by serving as catalysts and stimulants to push the individual toward achieving at a high level. Selye believed that many people, those whom he calls "racehorses," literally thrive on high levels of stress.
- However, the downside of this idea is that some stress is harmful.
 Continuous stress over a long period is quite harmful and worthy of the name Selye applied to it: distress.

Appendix 50 Take Your Stress Inventory

TAKE YOUR STRESS INVENTORY

Stressors (causes of stress) come in a variety of shapes and sizes. They can be internal (worry) or external (a deadline). They can be personal (a problem at home or at work that bugs *just* you) or organizational (a problem at work that bugs everybody). No matter where your stressors start, you need to take note of them. In other words, you need to take inventory.

PERSONAL STRESS: MAKE YOUR OWN ASSESSMENT

A simple way to take a personal inventory is to start noticing what bugs you. Your body responds to stress with a series of changes. We call these changes the fight or flight response. A racing pulse,

cold hands, or a pounding heart are examples of what happens to your body during this response. When you feel this response kick in, you know the phone call you are about to make, or the supervisor you are about to talk to, or the subordinate you just argued with, is causing you stress.

Paradoxically, we seldom listen to what our body is clearly telling us with these signs of stress. When an interaction with a supervisor elicits a stress response, make a note of it and try to determine why. Perhaps it's the boss's personality, or perhaps it's something inside of you...like difficulty dealing with authority figures.

When you take the approach that your stress reaction is a cause for *investigation* rather than a cause for *concern*, you immediately assume a form of control over your reaction. Our stress response tends to rob us of perspective and control in difficult



situations. But when we acknowledge our stress response and try to learn from it, we re-establish control and regain perspective.

HOLMES RAHE SOCIAL READJUSTMENT RATING SCALE

Knowing what other people find stressful will help you when taking inventory. Look at the Stress Rating Scale printed on the following page. Through surveys with hundreds of people, Drs. Thomas Holmes and Richard Rahe developed a way of ranking life's stressful events on a scale from 1 (low stress) to 100

(high stress). To see *how much* stress you're under, add up your total score. A score of 300 or more may put you at risk for a stress-related illness.

ORGANIZATIONAL STRESS

Many individuals are exposed to undue stress by the organizational styles of their employers. Overlap-

> ping deadlines, excessive overtime and lots of time pressure will take it's toll. So when taking inventory, it's important to examine the stress styles of your own employer.

In the book, Coping with Stress at Work, John D. Adams, a Washington-based consultant, has created a list of organizational stressors. You'll get an idea of your exposure to stress at work by checking the list printed

below. While we haven't assigned a number rating to each stressor, (like the Holmes-Rae Scale does) the complaints listed below are in order according to the frequency they are mentioned by employees.

- 1. Major or frequent changes in instructions, policies or procedures.
- 2. Major reorganization (at least department-wide).
- 3. Sudden significant change in the nature of your work.
- 4. Sudden significant increase in the activity level or pace of your work.
 - 5. New boss or supervisor.

Appendix 51 Early Warning Signs of Too Much Stress

EARLY WARNING SIGNS OF TOO MUCH STRESS

Neil S. Hibler, Ph.D has developed this list of early warning signs that will let you know when you are under too much stress:

Emotional

signs

Apathy: The blahs, feelings of sadness, recreation is no longer pleasurable.

Anxiety: Restlessness, agitation, insecurity, sense of worthlessness.

Irritability: Feeling hypersensitive, defensive, arrogant or argumentative.

Mental fatigue: Feeling preoccupied, having difficulty concentrating, trouble thinking flexibly.

Overcompensation or denial: Grandiosity (exaggerating the importance of your activities to yourself and others), working too hard, denying that you have problems, ignoring symptoms, feeling suspicious.

Behavioral

signs

Avoiding things: Keeping to yourself, avoiding work, having trouble accepting responsibility, neglecting responsibility.

Doing things to extremes: Alcoholism, gambling, spending sprees, sexual promiscuity.

Administrative problems: Being late for work, poor appearance, poor personal hygiene, being accident prone.

Legal problems: Indebtedness, shoplifting, traffic tickets, inability to control violent impulses.

Physical

Signs

Excessive worrying about or denial of illness.

Frequent illness like recurrent colds.

Physical exhaustion.

Over reliance on self-medication. Frequent use of remedies like aspirin, antacids, etc.

Ailments. Headache, insomnia, appetite changes, weight gain or loss, frequent indigestion, nausea, nervous diarrhea, constipation, sexual problems.

Stress-related illness doesn't hit without warning; we simply shut off our alarm system. Typically, people take better care of their cars than they do of their own bodies. When a car starts to rattle or shake, you do something about it. The same *should* be true of our bodies. Look and listen for the early warning signs listed above. They could be telling you that you need to make some lifestyle adjustments.

Appendix 52 Fight or Flight at Work

Fight or flight at work.

tress sets off an alarm in the brain, which triggers a reaction called

This response was designed to help our prehistoric ancestors fight offlions and tigers.

Nowadays, instead of being a lifesaving response, it's a silent killer. In large part, this has occurred because real threats to our ancestor's well-being have been replaced by imagined threats to our

own well being. And your body reacts in exactly the same way to an imagined threat as it does to a real one.

A particularly difficult client, an irascible boss, a vendor who doesn't meet a deadline, or even a driver who cuts you off on a highway can elicit the same response that you would have if you had encountered a mugger! In terms of the body's reaction, there is no difference between a *physical* attack and a *verbal* attack.

There are literally thousands upon thousands of events, people, thoughts and interactions that can trigger your fight or flight response: Public speaking, a job interview, a test, a traffic jam, a flat tire, rudeness, running late, lost keys, an argument, getting fired, the *thought* of getting fired, and so on.

When your fight or flight response kicks in, you feel your pulse quicken, your heart pound, your mouth drying up. Perhaps you notice your stomach is in knots, or your neck is aching or your hands feeling cold and clammy. You might feel the urge to go to the bathroom or notice some perspiration on your forehead. You probably wouldn't notice that your blood pressure is soaring, your pupils are dilated, your immune system is shut down and your reproductive system is turned off too.

All these changes in the body are designed to help you *fight* off a physical attack with more brute strength than you knew you had. Or, it can

help you take *flight* from the threatening situation on legs that will run faster than you'd ever thought possible. And this is why it's called the *fight or*

flight response.

But in our modern world of perceived threats we can neither fight or flee. In most cases you just have to stand there and take it or, at best, respond with a verbal attack which usually only makes you feel even more stressed.

25,000 years ago the fight or flight response always included a tremendous *physical* outpouring of energy (for fighting or fleeing) that used up the enormous "tension" built-up during the stressful event. *Our* stressful episodes *never* use up any tension or expend energy. It all just sits there and our bodies pay the price.

Writers have likened this detrimental phenomenon to driving a car at 70 MPH with one foot on the gas and the other foot on the brake! You don't have to be an auto mechanic to realize that this kind of driving will quickly lead to a breakdown.

And yet, partly out of ignorance, and partly out of neglect, we drive our bodies in much the same way, not realizing that we too, may be headed for a breakdown. In fact, it's ironic that most people take better care of their cars than they do of their own bodies.

Occasional stressful episodes are not likely to do any permanent damage. But when your stress becomes chronic, it can lead to a host of stress related illnesses including, headaches, insomnia, stomach upsets, recurrent colds, hypertension, heart disease, depression, anxiety, infertility, allergies, and possibly even cancer.

Don't just take stress for granted. Noticing the causes of stress and becoming aware of your stress response is the first step toward preventing stress and conquering stress related illness.

Appendix 53 Identifying Sources of Job Stress.

IDENTIFYING SOURCES OF JOB STRESS

The National Institute for Occupational Safety and Health (NIOSH) defines job stress as "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources or needs of the worker." This suggest that job stress should be addressed in two ways: Decreasing stress in the workplace and increasing a worker's ability to cope. First, workers and management need to agree on exactly what the sources of stress are in their organizations. Here is a list of frequently mentioned job stressors that can help you start this process.

- 1. Time pressure: I don't have enough time to do what is expected.
- 2. Demand conflicts: My bosses have conflicting demands for my time.
- 3. Fire fighting: I spend my day putting out fires and not working to a plan.
- 4. Lacks control: Decisions which affect me are made without my input.
- 5. Pointless meetings: I must attend meetings which don't affect me.
- 6. Department Conflicts: Other departments have their own agendas.
- 7. Interruptions: I am expected to drop what I am doing and start new things.
- 8. Frequent policy changes: The company keeps changing it's procedures.
- 9. Reorganization and downsizing: I am afraid of losing my job.
- 10. Change in job description: This wasn't part of my job description.
- 11. Added workload: Downsizing has left me doing the work of two people.
- 12. New boss: I don't like my new boss as much as my old boss.
- 13. Forced overtime: I have no choice about working overtime or long hours.
- 14. Loss of status: I don't feel like I'm making an important contribution.
- 15. Unfairness: The company treats me or others unfairly.
- 16. Personality conflicts: I have an ongoing problem with a fellow worker.
- 17. Concern about benefits: I worry about inadequate health coverage.
- 18. Safety concerns: I feel my working environment could be safer.
- 19. Unrealistic goals/quotas. My quota is so high I'll never realize it.
- 20. **Disregard for deadlines.** We bust our tails to finish something on time only to see it sit on the boss's desk for weeks.
- 21. Adverse working conditions: noise, crowding, ergonomic problems.
- 22. Lacks confidence: I don't feel management is doing a good job.
- 23. Lack of social support: We just don't operate like a team.
- 24. Company doesn't care: I feel the company doesn't care about my welfare.

Appendix 54

Type A Personality: Are you suffering from hurry sickness?

Type A Personality:

Are you suffering from hurry sickness?

he study of Type A
behavior was fostered by an
inquisitive upholsterer,
working in a cardiologist's office,
who noticed that all the chairs in
the waiting area were worn
along the front edge of the
seat cushion: *Indicating that*the patients all sat on the
edge of their seats. When the upholsterer
brought this to the attention of the doctors,
they wondered what the larger significance of
this peculiar behavior pattern might be.

Since their patients all shared the same condition (heart disease) the doctors surmised that there might be *other* behavioral traits the patients had in common, that could be *contributing* to their condition. The initial curiosity of these two cardiologists, Drs. Ray Rosenman and Meyer Friedman, led to more research, a major study and finally a book entitled *Type A Behavior and Your Heart*.

The doctors identified a host of characteristics that many of their clients shared. They found that Type A's are always in a hurry. They hate to wait. They hate to lose. They are always trying to do two things at once. They are ultra competitive. They have a short fuse. They are more interested in getting things done than doing things well and they are often hostile.

This last trait, often referred to as free floating hostility, seems to have the greatest impact on heart health. Perhaps not surprisingly, when Type A's were first identified in the 1960's, this personality profile applied almost exclusively to men.

As more and more women entered the work force, and adopted some of the same unhealthy

habits as men, Type A behavior became increasingly common in women as did the incidence of heart disease.

The discovery of Type A behavior inspired further research including a study which followed 3,000 healthy, middle aged men over a period of many years. The men were divided into two groups: Type

A's and Type B's. (Type B's are behaviorally, the polar opposite of Type A's.) Eight and one half years into the study the researchers realized that Type A's had twice the incidence of heart disease as Type B's.

If you think you might be a Type A, learn to manage your anger. It's no longer considered healthy to express your anger: Getting angry tends to make you feel even more angry and it makes others angry as well. Dr. Hendrie Weisinger, author of the Anger Workout Book suggests you keep a journal of the people and things that make you mad. Just forcing yourself to write down every single angry episode often brings about a reduction in the occurance of angry episodes.

TYPE A BEHAVIOR TRAITS

- Driven
- •Ultra competitive
- ·Hostile, angry
- •Restless, impatient
- •Constantly under the gun
- ·Hates to wait
- •Can't sit still
- •Finishes other people's sentences

Appendix 55 When it comes to Stress: The Goal is Control.

When it comes to stress: The goal is control.

People who feel in control of their lives seem to handle stress better than those who don't. Studies have confirmed the power of control. In a 1994 study of HIV patients, those patients who believed their illness could be controlled lived, on average, 9 months longer and had higher T-cell counts than those who believed their illness could not be controlled.

Another study at a Florida hospital showed that patients who were allowed to choose the humorous movies that they saw, required less pain killers than those who saw no movies. But a third group who had no choice (i.e., control) over the comedies they saw required more painkillers than the group who saw nothing!

Don't underestimate the importance of control. When you're feeling stressed always ask yourself: Is there any aspect of this situation that I can control? For example, if a situation at work seems untenable, just making an appointment to talk to someone about it can help you feel more in control. Or, if you are stuck in a position that isn't the best use of your talents, talk to Human Resources and see if you can get transferred. Or, just send out a few resumes. Any step you take will help you feel more in control.

Corporations are beginning to understand the importance of control. Empowerment seeks to give workers more control over the things they do and the decisions they make. As long as the employee is given an amount of control commensurate with the amount of responsibility the net effect is often a lowering of stress. Even entry-level workers can be given the power to resolve certain conflicts that arise while dealing with customers. This increased sense of control can have a huge payoff for both the customers, the company and the employees. The customers don't have to wait for their disputes to be resolved, the employees feel a sense of pride for being able to reconcile the problem themselves, and the company gets a satisfied customer from an interaction which doesn't tie up the time of a supervisor.

Getting organized both at home and at work is probably the quickest, easiest and most realiable way to start feeling a sense of control. Whether that means cleaning your desk, tidying your car, or working from a to-do list, these things give you an immediate sense of control over your environment.

So when it comes to coping with stress, your goal is control. But you must realize that there are things you can't control. You can't control the weather, the traffic, the crime rate or other people's behavior. But you can carry an umbrella, commute by train, buy a home security system and change your own behavior.

When you focus on the things you *can* control and let go of the things you *can* it, you'll be surprised by how much less stress you experience.

Stress noculation

here are certain times when you can actually *anticipate* stress: An upcoming performance review, a presentation before your peers, a job interview, calling on a big account for the first time, or even an important phone call you have to make. These are times when you can prepare yourself for the situation by innoculating yourself against stress with various stress coping techniques.

Here are 4 techniques that you can practice in advance that will help you perform better during the stressful event:

1. Progressive Muscle Relaxation. Learn to tense and relax various muscle groups in your body. Start by making a fist with each hand and tense all the muscles in your upper body. Tighten all the muscles from your shoulders down to your waist. Hold it for a few seconds and then release: Letting all the tension flow right out of your arms, hands, shoulders and abdomen. Allow yourself a few moments to enjoy the warmth and relaxation that accompanies this release of tension.

Now try this in the muscles of your face and head. Clamp your jaw and your eyelids shut tight and scrunch your whole face into the tightest frown you can make. Hold the tension for a few seconds and then release. Take a moment to enjoy the relaxation that follows. You can do this with your back muscles by imagining that you are trying to squeeze a lemon between your shoulder blades. You can do this with your leg muscles by lifting your legs off the floor and pointing your toes out straight. Always remember to hold the tension for at least 15 seconds and then allow the muscles to fully relax afterward.

- 2. Autogenic Imagery. Imagine a particular place where you feel comfortable, usually in natural surroundings. (You can do this right at your desk.) Maybe it's a lake where you went last summer or a scenic view of a sunset on the shore. Close your eyes and focus on the image (you might find this difficult at first) and hold onto this image until you feel the same way you did when you were actually there.
- **3. Role Playing.** Role playing is a fun, simple method of preparation which helps you to preview stressful events before they occur. If you're nervous about an upcoming perfomance review, find someone to play the role of your boss and then practice answering him or her succinctly. By role playing you remove much of your fear, by eliminating some of the unknowns.
- **4. Deep Breathing.** When you are nervous or tense, your breathing is shallow and you take in less oxygen. Taking several deep breaths before an event instantly counteracts the effects of stress. Try placing one hand over your navel as you breathe in. If you are breathing diaphragmatically (deeply), you'll feel your hand rise as you breathe in and fall as you breathe out.

Appendix 57 Getting help with Stress: Building a support network.

Getting help with stress. Building a support network.

network of social support is considered by many to be the best antidote against stress you can find. In the book, *Stress and Performance at the Top*, a group of CEO's were surveyed to find out first, how well they coped with stress, and second what their coping methods were. Of the CEO's who coped best with stress, it seemed that a strong network of social support was their number one method of coping. Your network of social support can include your friends, coworkers, family, church, community and professional contacts.



How to establish a healthy Support Network.

Make time for the people you supervise. We all supervise others in some way or another. Offering advice, teaching, giving simple hints and just finding out what's on a person's mind is well worth your time. When this person is overworked as the result of your assignments, offer to help. Be genuinely concerned about the welfare and personal interests of these people and prove it by remembering the names of their children, what their hobbies are and some of their outside interests.

Return the favor. When a person does you a favor, return it or at least say thank you. This is such an easy way to build a formidable network of social support and yet people consistently forget to do this. When a client gives you a referral send him a thank you note. When a co-worker helps you, help him or her right back. When you hear yourself saying: "If there is ever anything I can do for you, let me know," remind yourself that nobody takes this line seriously. You must figure out how you can return the favor or say thank you in a meaningful way. When you do this you will have added another link to your network of support.

Avoid damaging relationships. Avoid people who are always negative. They will only bring you down. Those who have nothing good to say, generally have nothing good to offer. Try supplying a contrasting opinion like, "actually, I kind of like him/her," or "I think we can do this," or "but we'll save a lot of time in the long run." No opinion and a smile lets others know you might empathize, but you don't agree. Either way, you will begin to weed out those who might be a part of a healthy Support Network from those who won't.

Get support outside of work. Take the time, daily and weekly, to confide in your spouse or companion if you have one. Sometimes a close friend can offer you the best support or advice on how to cope with a new manager, or job dissatisfaction or some other problem at work. More often than not, all you need is some one to listen. When it's not a conflict of interest, cultivate professional friendships with people in the same industry but who work for different companies. You'll be amazed at how much help these people can provide.

Appendix 58 Empowering Yourself to Combat Stress

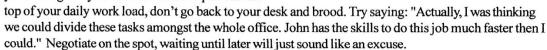
Empowering yourself to combat stress

Powerlessness, the feeling that you are unable to manage the problems you are confronted with, and that what happens to you is out of your control, is regarded by psychologists as a leading cause of stress. In the workplace, feelings of inadequacy affect your job performance and your relationships with co-workers.

Following, are 5 ideas to help you cope with powerlessness.

1. Positive Attributes. Make a list of your positive attributes. Number the list from 1 to 20 and make sure you fill in every line. Doing this will help you become aware of your positive skills and abilities. The confidence you derive from this exercise will help you replace your feelings of powerlessness with the feelings that you can control what happens to you, in and out of the workplace.

- 2. Start a Support Group. Whatever you're feeling powerless about, perhaps there are others who feel the same way you do. By joining forces with these people, not only do you give each other support, but you may weild enough power to change something that as an individual you would be powerless to change.
- 3. Learn to Negotiate. Perhaps you do lack some power in the workplace. Your words of advice go unnoticed, no one listens to you and you can't seem to get anyone to see your point of view. Learning to negotiate better can be a big help. If your boss gives you a list of 5 tasks to perform on



- 4. Organize. Sometimes when you feel powerless your whole world seems out of control. If you feel out of your control, try getting organized. The best place to start is your immediate environment. Your desk, car, file cabinets and closets. By starting in the places closest to you, you will begin to feel the sense of control which disorganization takes away.
- **5. Planning.** Some days are filled with unplanned events. You go to the dentist because a cap falls off. Your brand new car has to go back to the dealer for a recall. Your boss asks you to fill in for him or her at the last minute. Believe it or not, you can actually *plan* for these *unplanned* interruptions. First by prioritizing your list of things to do, you always know where to pick up when the interruption is over and secondly, by building extra time into your day for things to go wrong, the interruption won't put you off schedule.

Appendix 59 Stress Hardiness & the 3 C's

Stress Hardiness & the 3 C's

ne of the interesting paradoxes of stress research is how the same kind of people with the same kind of backgrounds in the same kind of jobs will respond to the same kind of stress *completely differently*. One person thrives while another person wilts. Psychologists studying this paradox have come up with an explanation that may account for these differences: It's called stress hardiness.

People who are stress hardy are either born with this disposition (like most astronauts and test pilots) or they learn this as an adult (like many EMTs and surgeons who, as adults, *learn* how to handle highly charged situations). If you were not born stress hardy, or have yet to master this skill as an adult, here are some tips for understanding the stress hardy individual.

To incorporate the qualities of stress hardiness you need to embrace the three C's: Commitment, Control and Challenge. People who are stress hardy are *committed* to their work and believe that what they are doing has value. The doctors and teachers who successfully avoid burnout, do so because they believe they are making a difference, and that their contribution matters. And chances are, their personal values don't conflict with the values of the organizations they work for.

People who are stress hardy also believe, that to a large extent, they are in *Control* of their own destiny. They have enough freedom at work to spot a problem and take the initiative to solve it. Most importantly, they don't feel like they are being micromanaged. As burnout expert Dr. Christina Maslach says, "workers generally view micromanagement as a lack of trust because such policies deny them the opportunity to use their professional judgement."



And finally stress hardy people see the stress in life as a *Challenge*, not a road block. People who feel challenged by what they do are excited to come to work. They understand the intrinsic satisfaction of a job well done. "They respond to a complex situation such as a client's problem, a diagnostic question, or a technical puzzle by bringing their skills and experience to bear with creative initiative," writes Dr. Maslach in her

latest book, The Truth About Burnout.

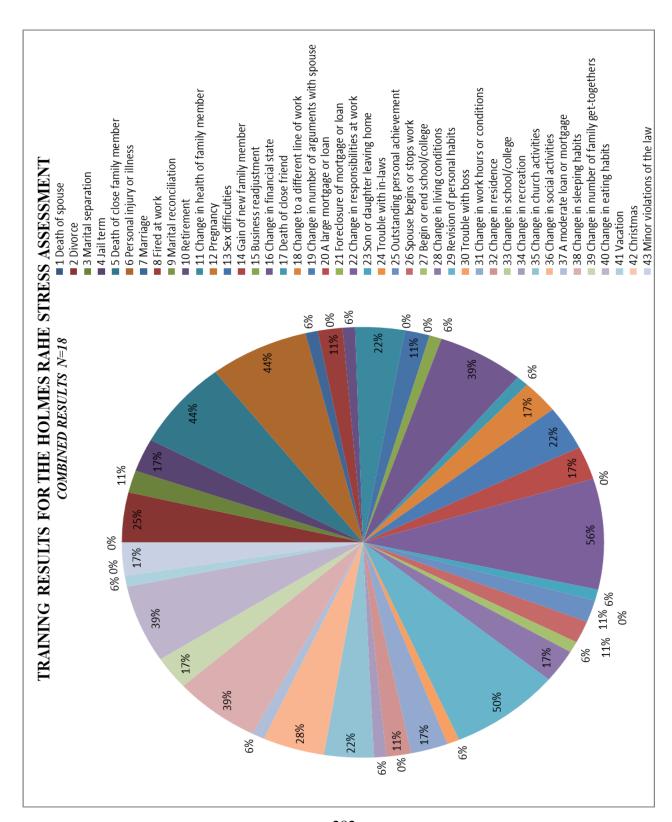
People who feel this kind of challenge come from all walks of life. They are usually inquisitive, fully engaged, self-starters who want to know how to do their particular job as well as it can be done. It's not so important what the job is, but that their employer creates an environment where this person is encouraged to learn and grow.

There's an old expression that says if a business isn't growing it's dying. People, to some extent, are the same way. Challenging a worker requires him or her to grow. And when employees feel challenged by their work they *thrive*.

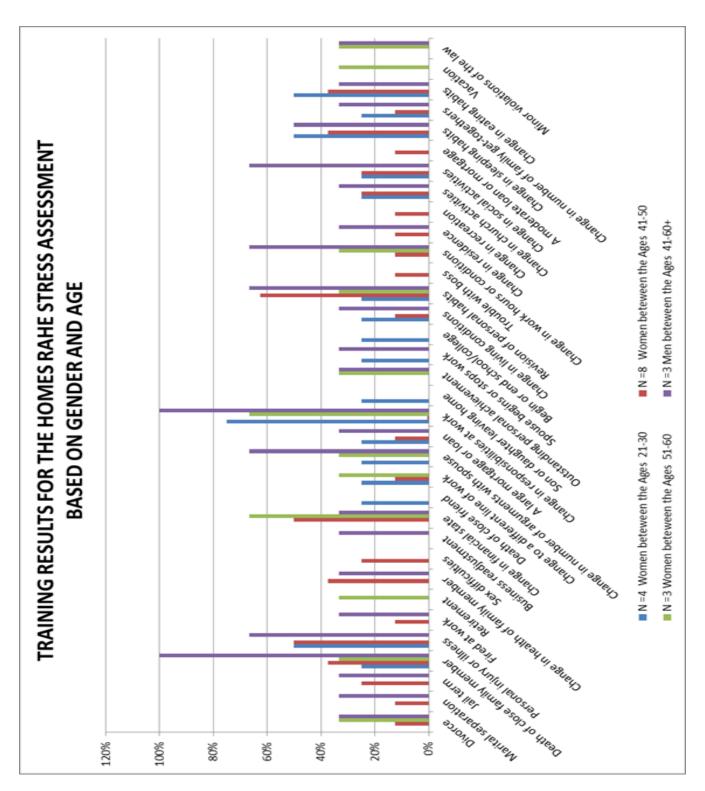
Many companies take the dim view that a worker is only challenged by monetary rewards. If this were true, burnout would only exist in professions where workers are underpaid. But this is *not* the case. Burnout occurs in all professions and at all salary levels.

When it comes to their jobs, workers desperately want to be *committed* to their work, *challenged* by it and have enough *control* over what they do to feel that their decisions and initiatives matter.

Appendix 60
Training Results for SRRS based on Life Events



Appendix 61 SSRS Analysis based on Gender and Age



Appendix 62 Personal Burnout Quotient (PBQ) Self-Assessment

PERSONAL BURNOUT QUOTIENT

Using the seven-point scale for each statement, try to rate yourself as honestly as you can on each item. When you are done, add up all your ratings for a total PBQ score.

1	2	3	4	5	6	7	
Very	Usually	Somewhat	Equally True	Somewhat	Usually	Very	
Untrue	Untrue	Untrue	and Untrue	True	True	True	
		• • • • • • • •					
1 T.		main do de essencia	I set a seel I ve		.h. it no motto		
	 I am very single-minded—when I set a goal, I usually accomplish it no matter what. I have trouble thinking when I get upset. 						
		-	get upset. 1y leisure activitie	a.c.			
•		emely importa	•	28.			
	-		iit to iiie.				
	end to be a per .m a risk-taker.						
			f a "Type A" pers	sonality			
/. 11	•	•	o be very competi	•	itical They st	rive	
			a sense of joy in				
8. Wh	-		ely to skip breaks	***	creed in prosition		
		o get somethin	•				
9. I'm	kind of a "wo	rkhorse" —I ca	n successfully ca	rry a big			
workload better than most other people I know.							
	10. I am a highly organized person						
11. I believe that if you do a thing at all, you should do it well.							
12. I find it difficult to relax.							
13. I find it difficult to delegate tasks to others.							
			last minute and t	then work like			
	azy to get then		.1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	1 ***			
15. Others consider me an over achiever or think I'm ambitious							
16. I have a history of headaches, backaches, or frequent colds.							
17. I believe "fill in your own word" work is very important for the improvement of society.							
	•	•	na an uvanle aativit	tios			
18. I frequently spend personal time on work activities.19. It takes me a while to "come down" after an exhilarating event.							
20. I am quite competitive, although I may compete more with myself than with others.						othors	
	COTAL PBQ		zii i iiiay compete	more with mys	scii uiaii willi	ouicis.	

Appendix 63 Interpretation of Scores for PBQ Self-Assessment

PBQ Interpretation				
Score 20 - 40	Interpretation Not at risk for job burnout.			
41 - 60	At little risk for job burnout; you would have to work in an environment with a high JBQ for a while before you might have to worry about job burnout.			
61-100	At normal risk for job burnout; circumstances would be a significant factor to consider. In work environments with a high JBQ, you should watch for signs of early stages of job burnout in order to make appropriate action. In other situations, using a few stress management techniques will help you prevent job burnout. Look closely at the pattern of your responses to the PBQ. If the range is wide, with some ratings of 6 or 7, look specifically at those items. These are the personal characteristics most likely to promote your burnout.			
101 - 120	At high risk for job burnout. You should learn stress management techniques and use them regularly. Learn and watch for early signs of job burnout. Avoid working in a work environment with a high JBQ.			
121 - 140	At very high risk for job burnout. You should learn stress management techniques and use them regularly; you may wish to seek professional assistance to effect desired lifestyle changes. Learn and watch for early signs of job burnout. Avoid working in a work environment with a high JBQ.			

Stress vs. Burnout

Stress

- Characterized by over -engagement
- Emotions are over-reactive
- Produces urgency and hyperactivity
- Loss of energy
- · Leads to anxiety disorders
- · Primary damage is physical
- May kill you prematurely

Burnout

- · Characterized by disengagement
- · Emotions are blunted
- Produces helplessness and hopelessness
- · Loss of motivation, ideals, and hope
- · Leads to detachment and depression
- · Primary damage is emotional
- · May make life seem not worth living

Appendix 65 Muldary's (1984 Graphic Impression of Burnout)

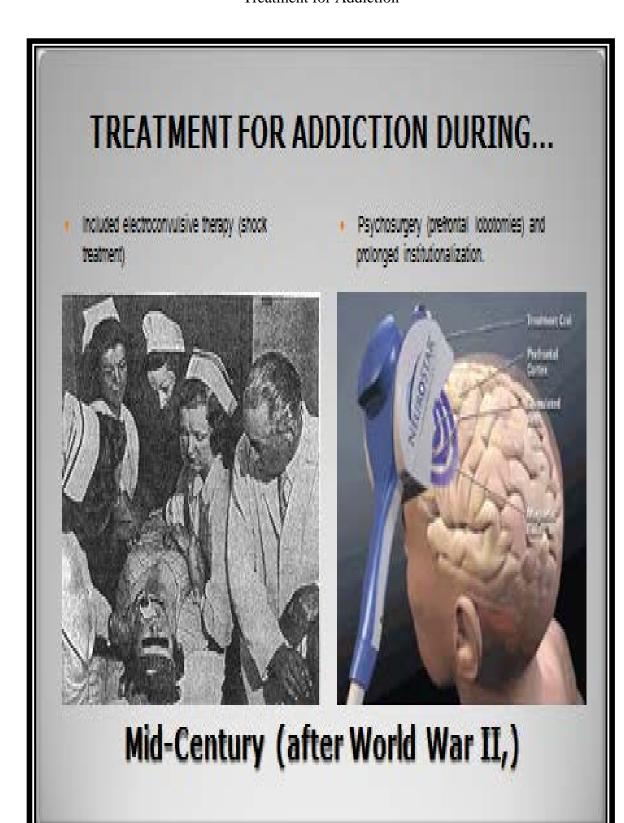
Muldary's (1983) graphic impressions describes the concept of burnout in the following manner:



It is common sense to conclude that someone who "burns out" must have been "on fire" at some time. In this connection the term was once used as a loose psychiatric label for psychopaths whose chronically antisocial behavior seemed to die out after the age of forty.

It was also used, and still is in some contexts, as a street label for people who appear to be emotionally and mentally disorganized because of chronic drug use."

Appendix 66 Treatment for Addiction



Appendix 67 4 Warning Signs of Burnout

signs of Burnout

Prolonged Job Stress and Job Burnout affects your mental, emotional and physical well being. Recognizing the characteristic behaviors of the burned out person will help you prevent burnout in yourself and others. This person sees him or herself as: Not the person they once were; Lacking in motivation; Having difficulty making (even simple) decisions; Having long-term goals that seem either unattainable or unimportant.

See if you recognize any of these characteristics:

- •Impaired perception of self. You are disillusioned with yourself. You are not the person you thought you once were. You question your ability to make changes in your behavior. You are resigned, in a negative way, to self-defeating behavior traits you now feel (at your age) you can no longer change.
- •Poor Motivation. Just getting out of bed is a struggle. You are depressed and tired all the time. The perks of your job no longer seem worth it. Things generally don't seem as rewarding as they once did.
- •Decisions. Your decision making process is muddled. You berate yourself for the decisions that seem wrong and give yourself no credit for the decisions you make that are right. You begin to procrastinate over making any decisions at all. You are unable to decide between work and family so you resolve this conflict by staying at work and trying to *look* busy. And finally, the confidence you once had about making decisions has disappeared.
- •Lost Sight of Goals. Unfortunately you can't see anymore past the end of the day. Next year, even next week, you perceive as being too far away to think about. If you did have long term goals, they seem more like forgotten memories now. You have coped with Job-stress by developing tunnel-vision, or you have blinders on and can't see any way out.

These are the signs of Job Burnout. If these characteristics apply to you, then perhaps it's time to examine your work, and your life and begin to put a stress management plan together.

Appendix 68 Are you at risk for BURNOUT?

Are you at risk for BURNOUT?



(The information in this handout is based on the book **The Work Stress Connection** by Robert Veninga and James Spradley.)

If you smoke cigarettes and have high blood pressure, you are more likely to die of a heart attack than someone who doesn't. These are called risk factors. Applying the same method to burnout, we have identified the following five risk factors. See if you are at risk:

1. Individual perception of stress. Perception is a funny thing. What one person finds stressful, another person finds stimulating. Some people magnify stress in their own minds. Psychologists often call this awfulizing. When there's the possibility of a situation going badly, the awfulizer assumes it will be the worst possible scenario.

- 2. Family stress. Stress at home contributes to one's vulnerability to burning out at work. Managers who think that employees leave their personal problems at home are underestimating the power of family stress.
- 3. Environmental stress. These are the stresses of daily life: inflation, crime, bad weather, a recession, or a traffic jam. To a certain extent we all put up with these stressors every day. But if these stressors pile up, or if one particular stress like the fear of crime or terrorism gets out of hand, it puts us at greater risk.
- **4. Job stress.** Every business has its seasonal deadlines and its day-to-day pressures. When an important seasonal deadline is added to a job that's already brimming with

day-to-day stress, watch out; burnout is likely to ensue.

5. Insufficient stress-release activities. Everybody has differen ways of blowing off steam. The trouble is, once you start to burn out, stress-release activities, like exercise, meditation, reading, vacations, etc., are the first to go. You feel you don't deserve these pleasurable activities, or you think you don't have the time.

The presence of one risk factor or all five doesn't necessarily indicate that you are going to experience burnout. But as a general rule, if you have two risk factors, you should seek to lower your stress. If you have three or four risk factors, you need to look seriously at making changes in both your lifestyle and your job. If you have five risk factors, you should seek professional help now.

Appendix 69 Managing Stress through Empowerment

MANAGING STRESS THROUGH EMPOWERMENT



When the idea of empowerment was introduced to the repair personnel at NYNEX, several years ago, the concept was brand new. But the goal was startlingly simple: to empower these employees to make their own scheduling decisions out in the field.

The idea was revolutionary. If a neighbor at a job site needed a minor repair, instead of getting the standard response: "Call the phone company and someone will be out in a few days" - the repair person could decide to fix it right then.

This new approach made the customer happy, saved the company an extra trip to the same location, and gave the repair person a sense of control over his own time that he had never experienced previously! A win - win - win situation!

So what does empowerment have to do with stress management?

It's simple. Empowerment

gives workers a greater sense of control. People who feel more in control of their lives are better able to cope with stress. With appropriate training and increased responsibility, workers are empowered to make more decisions on their own. Psychologists call this *self-efficacy*. Essi Systems, a San Francisco based company that specializes in stress at the work place, calls this personal power.

Essi Systems found that personal power was a stress mitigator. What's more, they found that of 21 factors studied that might affect an employee's ability to cope with stress, the amount of personal power was "the only factor that could predict who got sick and who stayed healthy in work situations with high amounts of pressure." The employees with a high sense of personal power fared much better health-wise than those with a

low sense of personal power.

But increased responsibility without appropriate training is a mistake. Training is vital to achieving this sense of personal power or self-efficacy. In one particular study, when a group of people who were afraid of handling spiders were asked to do so, their recorded stress levels were naturally high. But after the same group was given training in how to handle the spiders, their stress levels were reduced significantly. The right training gave these people a greater sense of *control* over a normally stressful situation.

Virtually every stress management study ever done has shown that the more control people have, the better they cope with stress. By instituting empowerment as a policy, employees can take control over aspects of their work that they've never had control over before.

To begin a policy of empowerment, get the people in your office or division to set their own goals. Agree on weekly, monthly and quarterly objectives, and then let them set their own pace toward achieving these goals.

Open the lines of communication. Don't let employees feel that they're "in the dark," especially in times of change or downsizing. Let them participate in brainstorming sessions and solicit ideas on where the company can cut back and save money. You'll not only get some good ideas, you'll be empowering your workers, giving them more control and consequently lowering their stress.

Appendix 70 Women and Stress at Work Part 1

WOMEN AND STRESS AT WORK

omen have entered the work force in record numbers. This fact has permanently changed our socioeconomic landscape. It has changed our child-rearing practices, our standard of living, the expectations of what men and women can do, and the level of stress experienced by every working woman.

All women know the tug and pull of personal vs. professional life. Men's roles have traditionally been more clear-cut and are not as subject to this conflict. Working mothers feel they ought to be home. Stay-athome mothers believe they should have a job outside the home. Women

juggle work and family needs and feel guilty if either one suffers. Men focus more on their careers and feel little or no guilt when their personal life suffers. A woman rarely considers herself a success unless she can handle both her career and her family well. A man may consider himself successful even if his personal life is a shambles. So what's going on?

It's the proverbial double standard, but with a twist. We know that women have been traditionally relegated to low-paying "pink collar" jobs or to support roles that leave them at a competitive disadvantage from the moment they enter the work force. In some businesses, when they do get the



same jobs as men, they often make less money, despite having the same job description! Once established these salary inequities often continue as a woman is promoted.

Besides facing the same stressful working conditions that men face, working women often find themselves in a male dominated culture where the qualities of

Part I

assertiveness, competitiveness, and independence are not considered "feminine." This dilemma is further exacerbated by the fact that, in this culture, women "look bad" expressing hostility.

On this last point, there is clearly a double standard. Men are permitted to express anger at work;

it may not be appreciated, but it's tolerated. If a woman loses her temper, her judgment is often considered flawed. The outburst may even be used to undermine her credibility.

So women are faced with a double-double standard. Not only are they treated differently in the

workplace, they are perceived differently as well. The women who make it to the top, often feel they pay a price for their success. They feel they have to forfeit something, or pursue their careers at the expense of family, marriage or even just some preconceived notion of femininity.

For more information see: Women and Stress, Part II

Appendix 71 Women and Stress at Work Part 2

WOMEN AND STRESS AT WORK

Part II

major source of stress for women at work is politics. Many women simply lack the experience in the area of politics at work. Since women occupy less than 10% of the executive positions in this country, this inexperience is easy to understand. The politics of promotion and

The politics of promotion and advancement prove particularly troublesome, especially when a raise depends on who you know rather than what you know.

Studies show that while women are contributing more at work, men are *not* picking up the slack at home. Men are indeed contributing more than they ever have, but in most cases it's far from a 50 - 50 split. Working men simply don't do as much around the house as working women.

This increased stress may explain why more women are dying of heart disease. Their dual lives and increased responsibilities leave women fractured. One study of workers at a Volvo plant was indicative of this dilemma. The study found that when the male workers got ready to leave for the day, their stress hormone levels naturally went down. But for females, the effect was exactly the opposite!

Companies looking to reduce women's stress in the work place may need to rethink their whole approach. Individual intervention and treatment may not be nearly as effective as a more generalized approach to the problem. Obviously, equal hiring practices and advancement programs are the places to begin. After that, education programs that teach women how to deal with politics, programs that discourage politics from the promotion process all together, or even programs that make men aware of the inequities that women face, will go a long way toward building a less stressful environment for working women.

Solutions to daycare and elder care problems can also greatly reduce stress among working women. More flexibility in setting schedules, flex time, telecommuting and employee empowerment are organizationa solutions that may prove more effective in the long run in reducing women's stress. And finally, don't forget benefits. As any insurance actuarial table can tell you, women use their health benefits more than men, but since benefits are often tied to wages, many women have inferior health insurance. This is a major source of stress for women, who are not only thinking of their own health but the health of their entire family.

If you are a working woman look for "family friendly" employers who, along with offering equal pay for men and women, offer at least some of the following benefits: health insurance, flex hours, telecommuting options, extended maternity leave, on-site day care, job sharing and rock solid nondiscrimination policies that are backed up by the working mothers in the company's top level management.

Appendix 72 THE FIVE STAGES OF BURNOUT PAGE 1

THE FIVE STAGES OF BURNOUT

In this article we will examine the five stages of burnout. If, as you read, you find yourself in a certain stage, it doesn't mean you'll

inevitably advance to the next stage. You can stay in one stage for years.

In fact, people often drop back a couple of stages by making some adjustments in their job or lifestyle. If you feel that you are currently in any one of the stages, it's not too soon (or too late!) to make stress reducing changes in either the structure of your job, the job itself or in how you handle your problems at home and/or at work.

STAGEONE: THEHONEYMOON

Often the honeymoon stage starts with a new job or a promotion. You feel challenged by learning new skills or taking on new responsibilities and even by working with new people. You put in long hours and you don't mind. You're

1

in love with the job. You don't mind the stress because the job is stimulating.

But this stimulation is blinding you to the inevitable effects of

stress. The long hours are depleting your energy. You're like a car with a broken gas gauge: barreling down the highway, running on empty and you don't even know it.

STAGETWO FUELSHORTAGE To

continue the automotive analogy, in this stage you may begin to notice that your "car" isn't running like it used to. It just doesn't have the same pep. People in this stage, are called *tight-rope walkers* because they're con-

stantly on the verge of losing their

2

balance. You're still putting in the long "honeymoon" hours, but you are not quite sure why. You find yourself longing for a respite from the grind you used to find so

stimulating.

Weekend away or some other form of relief, you begin to show one or more of the five early warning signs of burnout:

JOB DISSATISFACTION

Everybody has a blue Monday now and then, but when blue Monday turns into blue Tuesday, Wednesday, etc., you know you're experiencing job dissatisfaction

INEFFICIENCY AT WORK

You feel jaded or cynical about your work. Your creativity has vanished. You may be more prone to on-the-job accidents.

INSOMNIA

You may have trouble falling asleep or you wake up in the middle of the night and can't go back to sleep. You just can't keep your mind off work.

ESCAPE ACTIVITIES

You notice an increase in eating, smoking and/or drinking as a means of escape. You experience increased absenteeism.

STAGE THREE: CHRONIC

SYMPTOMS Here's the stage where you can't help but notice, "Something's definitely wrong with me." You make an appointment to see the doctor because you may be feeling chronic exhaustion, physical illness, anger and/or depres-

sion. Feeling tired when you wake up is another characteristic of this stage.

3

Youmay experience an increase in colds or flu. Occasional backaches or headaches become an

everyday event which you can practically predict. You may be plagued by one or more stress-related illnesses like skin rashes, diarrhea, colitis, heartburn, pounding heart, or irregular heartbeat. You may find your doctor prescribing increased doses of tranquilizers or pain killers.

You may be feeling perpetually angry, like a volcano waiting to erupt. You may have a short fuse. Or you may be focusing your anger on one person at work who makes you crazy. Or possibly you just feel constantly depressed.

REPEATERS:

Some people hit stage three, find an outlet for their frustration and bounce back to stage one. We call these people *repeaters*. They go back and forth through the first three stages like a yoyo. They're aware enough of their stress to do something about it but not aware enough, or motivated enough, to keep it from happening again. People who are always going from job to job often fall into this category.

Others take a long vacation.

The teacher who gets burned out every year, but uses his or her summer vacation to do something completely different, can be continually reenergized. Others may find that some

Appendix 73 THE FIVE STAGES OF BURNOUT PAGE 2

THE FIVE STAGES OF BURNOUT

form of stress management, or even an engrossing hobby, is enough to reverse a descent into burnout. All of these people see the warning signs of burnout and reverse the trend while it is still relatively easy to do so.

STAGE FOUR: CRISIS

You're basically a walking time bomb. Symptoms you've noticed previously may turn into full blown conditions. You may have to be hospitalized for a heart problem, or a gastrointestinal problem like chronic

colitis. You may become obsessed with your frustra-

frustrations at
work. A
bad boss
or an unrelenting
problem dominates
your consciousness.
You think about work
every waking hour.
(And plenty of hours
that you should be
sleeping, too!)

Youmay become pessimistic and filled with self-

doubt, constantly second-guessing your own decisions. You worry that you really don't have anything to offer. You assume an *escape mentality*. You just want to get out from under everything: your job, your family, your whole way of life. You ponder the viability of bankruptcy, unplanned pregnancy or even suicide as a way of escaping your problems.

STAGEFIVE: HITTINGTHEWALL

Your very survival is in jeopardy.

Chronic problems we discussed above become life threatening. For example, a heart condition might lead to a heart

attack.

Ifa major illness doesn't overtake you, your desire to escape may become so intense that you either drop

out of your normal activities com-

tion. They may not (and in some cases should not) ever return to the job and/ or lifestyle that led to this stage. (You can take comfort in knowing you're probably not in this stage or you wouldn't be reading this.)

CONCLUSION:

It's never too late to bring yourself back from burnout, no matter how advanced the stage. Please, if you feel you've reached stage two, look at the changes you can make to lower your

> overall level of stress right now. Take up aerobic exercising three days a week (or light exercise like walking a half an hour every day) if you don't already do so. If you feel you've reached stage three, you need to make lifestyle changes at home and at work. If

aerobic exercisin three da week (or exercise walking an hour day) if y don't alr do so. If feel you reached three, you need to lifestyle changes home an

pletely, or become so involved with alcohol or drugs that you have, in effect, dropped out. Your depression may become so intense that you move from entertaining thoughts of suicide to actual attempts to carry it out.

The consequences of hitting the wall are dramatic and very serious. Therefore, people who survive this stage require long periods of recupera-

you've reached stage four you should definitely seek out professional counseling.

(The information in this article was based on a single chapter from a comprehensive book on burnout entitled, "THE WORK STRESS CONNECTION: How to Cope with Job Burnout" by Robert Veninga & James Spradley.)

Appendix 74 COPING WITH A DIFFICULT BOSS PAGE 1

COPING WITH A DIFFICULT BOSS

"I don't get ulcers - I give them."
-THE BOSS

"You can't be expected to soar like an eagle when you work for a turkey." -THE EMPLOYEE

A bad boss is a major source of stress. He or she can adversely affect your health, attitude, productivity, family life and stifle a promising career. A bad boss is a drain on your whole company, creating an environment of unrelenting stress and a serious potential for employee burnout.

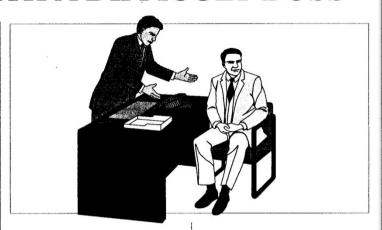
A bad boss can give you stomach problems, heart attacks and high blood pressure. This negative influence is often transferred to innocent bystanders, like your family members. Ironically, bad bosses believe their methods of supervision bring about higher productivity when, in fact, the opposite occurs.

Bad bosses come in several varieties. We've identified four of the most common types below. Of course, not all bosses can be so easily pigeonholed. Some are a combination of the following types and others defy description.

Remember, all of us are bosses to some extent - whether it's supervising the training of a new associate, or raising children, or simply running your own "department of one." So before you point the finger at your boss, make sure you're not on this list as well.

1. THE DICTATOR.

This ruler has absolute power. While this boss may give lip service to democratic principles, his or her



behavior tells the real story: Expects long hours from all employees and total devotion to the job. Rarely seeks out the opinions of workers and seems unconcerned with their welfare.

BEST WAY TO COPE:

Find a way to make this boss aware of how he's viewed. Perhaps establishing a suggestion box or circulating a departmental questionnaire can get him to realize that you are not the only one who feels the way you do. Bosses who believe in a democratic style of management but act autocratically may not even be aware of any discrepancy in their behavior. Surveys and evaluations can sometimes correct this. Give him this article to read! Avoid arguments and direct confrontations. It will only make this boss defensive and he won't hear what you're trying to say.

2. THE SILENT TYPE.

This boss is simply a bad communicator: he or she may say nothing; give mixed messages; never provide clear instructions; or fail to give

verbal recognition or even *negative* feedback. He doesn't set clear goals. Ask this boss how many widgets you should make to meet expected sales and he or she will answer, "enough."

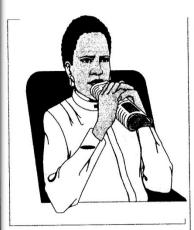
BEST WAY TO COPE:

Take the initiative and talk to your boss. Ask directly what's expected of you and how you're doing. Take advantage of both formal (at work) and informal (after work) opportunities to talk. Make a list of things you believe you ought to be doing at work. Give it to your boss and see if he agrees. Better yet, let him prioritize it for you.

3. THE SHADOW. This is the boss who's just putting in his time. He or she is just a shadow of the person who began working in the organization so many eons ago. This is a classic problem in bureaucratic organizations. This boss will clip the wings of young upstarts and tie an anchor to just about any idea that incorporates risk. He doesn't want to rock the boat and will almost always take the side of his superior in any

Appendix 75 Coping With A Difficult Boss Cont.

COPING WITH A DIFFICULT BOSS



organizational dispute.

BEST WAY TO COPE:

You have a certain freedom with this type of boss that you won't find with the other types, so use it. He or she won't expect you to be married to your work, so focus your energies on something outside of work, whether it's finding a better job, or satisfying your need for mastery by pursuing an enjoyable hobby. Or find something to do well at work that won't upset the apple cart. Perhaps there is a faltering program you can revitalize.

4. THE CRITICAL

TYPE. Nothing you do is right with this boss. No matter how hard you try, he or she will always find something wrong with what you've done. You want praise? Forget about it! If you do everything perfectly, the best response you can expect from this boss is silence.

BEST WAY TO COPE:

This boss often thinks more highly

of you than you realize but is incapable of showing it. You must constantly remind yourself that the problem is not with you, but with your boss. This boss is insecure. As hard as it may seem, sometimes the best way to treat your boss is the way you want to be treated. When your boss does something well compliment him or her for it. You may just break through his or her shell.

Finally, when coping with a bad boss it's sometimes necessary to lower unrealistic expectations. We all have preconceived notions of what a good boss should be: a supportive, kind, parental figure who uses gentle prodding when necessary. But is there anyone who lives up to this description? Probably not even your own parents! So before you throw in the towel, try making a list of how your ideal boss would behave (see box). Then honestly ask yourself if you could be the person you want your boss to be, day in and day out. If the answer is no, maybe you need to lower your expectations somewhat.

As we've tried to show, there are many ways of coping with a bad boss. Most require you to change your behavior. But you can change the behavior of a bad boss. It's risky but when faced with the alternative of watching your morale, health and career advancement disintegrate before your eyes, it's often worth the risk. Communication is the key. Make your boss (or your boss's boss aware of his or her

shortcomings.

When all else fails, don't hesitate to put in for a transfer or look for a new job or opportunity. Many a successful entrepreneur and contented employee has happily raised a toast to an old boss for providing the motivation to pursue something new. Keep in mind the average working person has between 4 - 6 complete job changes during the course of a career. It's unusual for a person to stay in one job forever. And even if you get another bad boss, the change will be refreshing. Remember the short term stress of finding a new job is far, far less than the long term stress of dealing with a bad boss.

QUALITIES OF A GOOD BOSS

GOOD TEACHER Doesn't mind sharing what he's learned; is good at explaining things.

GIVES RECOGNITION

Gives recognition and feedback at the time that it's earned.

ENCOURAGESRISK TAKING Is

willing to accept occasional mistakes in order to encourage self-sufficiency.

ETHICAL Sets the highest example in this regard if the same is expected of employees.

ENCOURAGES SUGGESTIONS Asks for feedback from employees;

builds team spirit.

PROMOTESEMPLOYEEBEN-

EFITS Makes sure your benefits are competitive and fair.

TESTING YOUR TEMPER How short is *your* fuse?

Do you blow up easily? Do you hold onto your anger? In the past, psychologists universally agreed that expressing your anger was healthy. But this is no longer the case.

Now experts feel that expressing anger can be harmful to your health. In fact, trouble dealing with hostility is considered a risk factor for heart disease, no less important than other risk factors, including diet, exercise, high blood pressure and high cholesterol.

Everyone gets angry from time to time, but if you find that little things make you blow your stack, you could be at greater risk for heart disease than someone who has a very long fuse.

We've developed a simple test to see if you may be one of the people who has trouble dealing with hostility. Answer each question and add up your total score.

INTERPRETING YOUR RESULTS

If your total is between 80 and 100, you're a hot reactor. You should seek professional help. If your score is between 60 and 80, you may not need professional help but you still need to work on controlling your temper. There are many books in the library that may help. Check the subject heading: Anger Management. If your score is between 50 and 60, you have plenty of room for improvement. Try reading Dr. Albert Ellis' excellent book entitled ANGER.

If your score is between 30 and 50 you're probably getting angry as often as most people. Monitor your episodes of temper and see if you can lower your score on this test in six months. If your score is below 30, check to see if you have a pulse and congratulate yourself if you do. You're unflappable.

Circle: 1 for never, 2 for rarely, 3 for sometimes, 4 for frequently or 5 for always. 1. I get angry with little or no provocation. 2. It's hard for me to let go of thoughts that make me angry. 3. I get so angry I feel like hitting someone. 4. I get angry in public. 5. I feel like I have no outlet for my anger other than cursing loudly or slamming my fist on a table. 6. I get so angry I hit things, break them, or throw them. 7. I get impatient when people don't understand me. 8. I lose my temper at least once a week. 9. I embarrass family, friends or coworkers with my outbursts. 10. It's hard to play recreational sports without getting really competitive and losing my temper. 11. I get impatient when people in front of me drive exactly the speed limit. 12. When my neighbors are inconsiderate, it makes me angry. 13. I find myself frequently annoyed with certain friends or family. 14. I get really angry when people break the rules, like smoking in a no-smoking section, or driving in the emergency lane. 15. There are certain people who always rub me the wrong way. 16. I feel flushed and hot when I'm angry. 17. I get so angry I feel like I'm going to explode with rage.

18. I get easily frustrated when machines don't work right.

20. I can't tolerate incompetence. It makes me angry.

19. I remember people and situations that made me angry years ago.

TOTAL

Appendix 77 Determining Your Goals

Determining Your Goals

People suffering from burnout lose sight of their goals. They often feel like they are going nowhere fast. When you've lost all motivation and enthusiasm, perhaps the cause of the problem stems from the lack of an objective you can get excited about. Your goals don't have to be about business or money. You can get excited about mastering a new skill, refinishing your basement, or even getting in better shape.

Sit down with this sheet of paper (when you have at least an hour to spend) and think of your goals for each category. You may wish to create a separate sheet for each heading. Write down whatever you'd like to accomplish. Don't try to be practical. Later on, you can prioritize the list and weed out the impractical ideas. As you pursue your objectives pay special attention to the top five goals in each category. Set deadlines for the accomplishment of your goals.

Remember, people are usually happiest during the *pursuit* of a big goal. And don't forget to celebrate your achievement when you do get there.

Personal	Professional	Health	Financial	Family/
Personal Things you want personally. A car, a house, a boat, a computer, etc.	Things you want to happen profession-ally: a promotion, a specific job, recognition, a certain position, starting a business, etc.	Things that will improve your health: to quit smoking, exercise, better diet, lose weight, etc.	Things that will improve your financial outlook. Retirement plans, investment plans, paying off credit cards, earning a specific amount of money.	Relationships Things that improve your social support network: more time with family, spouse, friends, etc.

Appendix 78 Determining Your Values

Determining Your **Values**

Job stress and job burnout can occur when there is a prolonged imbalance between what you do and what you personally value. For example, a vegetarian, working in a meat-packing plant is probably going to feel like his personal values and the values of his employer are in conflict. Sometimes this kind of conflict is much more subtle and goes undetected...like when you have to stretch the truth in order to make a sale. Yet even undetected, value conflict can still cause considerable stress. Therefore it helps to spend some time thinking about and clarifying your values.

Here are a list of values. Look them over and circle anything that seems important to you. Values are very personal. Try to determine what you *actually* value - not what you think you *ought* to value. If something is important to you that you don't see on the list, write it down in the spaces provided at the bottom left. Then try ranking your top five values in order of importance from 1-5.

Health	Commitment	Loving		
Wealth	Helping others	Status		
Beauty	Civic mindedness	Work		
Integrity	Freedom	Personal growth		
Success	Recreation	Learning		
Happiness	Wisdom/Intelligence	Making others happy		
Family	Friendship	Being loved		
Other values:	V			
Other values:	Your top 5 values:			
	2			
	3			
***************************************	4			
	5			

Is there anything that you've circled above that runs counter to what it is you do for a living? For example, if your top value is family but your job requires a lot

of travel, you may have a significant value conflict.

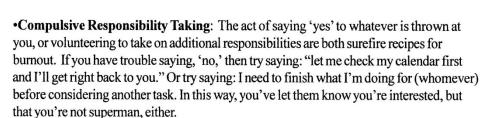
Appendix 79 Job Stress & Burnout Prevention

Job stress & burnout prevention

xperts believe that burnout often begins with "the honeymoon phase" of a job when everything seems exciting and new. You take on more work than you can do and willingly give-up at-home time to handle the extra load. Eventually the overload catches up with you and you start resenting it.

Here are four proactive steps you can take to avoid these pitfalls from the moment you start a new job or position.

•Clear Job Description: Today, more than ever, ascertaining exactly what is expected of you at your job is paramount. Having a clear understanding of the tasks and duties included in your job will give you the solid footing you need to deal with situations that arise where you feel conflicted. With downsizing and departments sharing responsibilities, your ability to react to changing work loads and the resulting stress this entails will be in direct proportion to clarifying and re-clarifying exactly what is expected of you.



- •Be Assertive: Learning to be assertive with bosses and underlings when you're unhappy with their performance or behavior is an art form. But these skills, often called *emotional intelligence skills*, can be learned. For example, when your boss demands that you stay late to finish a job, but you simply can't, offer an alternative solution. "I can come in early tomorrow and finish it, but I can't stay tonight." Remember you don't need an excuse in this situation, just a solution. If you have to criticize someone, do it quickly, do it quietly and give the person a chance to explain why they did it in the first place. You just might learn something.
- •Expect Stress: Certain stress is inevitable. Children get sick, glasses break, clients leave, and companies downsize. These are events you just can't control. But sometimes there are aspects of an event you can control. For example, you can't control the weather for an outdoor party but you can rent a tent!

Appendix 80 Taking Care of #1 by Focusing on Quadrant 2

aking care of #1 by focusing on Quadrant 2 This Quadrant approach was adapted from Steven Covey's book, The 7 Habits of Highly Successful People. NOT URGENT URGENT "Urgent Planning IMPORTANT faxing prioritizing things are Fedexing relationship building putting out fires seldom imexercising handling angry customers family time I II portant and important

urgent." -Brian Tracy

things are

seldom

some phone calls some deliveries certain requests certain meetings interruptions

III IV watching TV reading junk mail computer/video games

Quadrant I activities are urgent and important but lead to stress and burn out: Your report has to be on the boss's desk by morning. The fax has to be out by 5:00. Your car is rattling so loud it needs to be serviced right away. If you spend the majority of your time in Quadrant 1, eventually this will take its toll on you in terms of stress and burnout.

Quadrant II activities are important but not urgent and tend to reduce stress. Planning and prioritizing your day. Spending time thinking about goals. Setting aside uninterrupted time to work toward your goals. People make the mistake of putting off these activities because they are not urgent.

Quadrant III activities are urgent but not important and take up your precious time. If possible, these activities should be delegated. At least 50% of the phone calls you receive and 90% of the times you get interrupted have no affect on your long-term objectives whatsoever. If you can't delegate this work to someone else, try to return phone calls, answer questions and fufill requests at the end of the day, when you can handle these interruptions in a single batch.

Quadrant IV activities are neither urgent or important and are usually a complete waste of your time. Most TV watching and playing of video and computer games, not to mention the opening of junk mail is just a pure waste of your time.

The trick to managing stress with the quadrant system is to steal time from Quadrant IV and spend more time doing Quadrant II activities. For example, if you stay up until 11:30 every night watching TV, (a quadrant IV activity) try going to bed an hour earlier and getting up an hour earlier. Devote this time to a quadrant II activity like exercising or planning.

Appendix 81 Defining Yourself and Your Role at Work

Defining Yourself and Your Role at Work

A lot of people start out a new job in a groove only to wind up in a rut. Here is a list of 5 ideas that will help you start out on the right foot and end up in the direction you want to go.

•Knowing Yourself. Make a list of your positive attributes. Include any special skills, training, and winning personality traits that will help you do your job better. Now make a list of your faults, shortcomings and things about yourself that you would like to change. Once you have your two lists, think about how your faults have tripped you up in past jobs and how you can use your strengths to avoid these pitfalls. Knowing who you are now will help you become the person you want to be.

- •Accepting Yourself. Learning to accept who you are with all your shortcomings, and saying, "this is who I am, and I like me," is a part of self-acceptance. Low self-acceptance, the feelings of guilt or shame about who you are, leads to depression, stress and burnout. You will feel more confident from the minute you accept yourself and all your shortcomings.
- Presenting Yourself. How you present yourself in the workplace contributes to your success. Staying organized and on time are simple ways to show your company and your coworkers that you care about your job. People who present themselves well and are concerned with their appearance are more likely to be accepted and regarded highly within the organization. This makes you more accessible to your fellow workers and to management. This in turn, raises your self-esteem, gives you an increased sense of community spirit and ultimately makes you less susceptible to job stress and burnout.
- Establishing Perimeters. It's always best, upon entering into a new job, to let people know who you are, what you are capable of, and where your strengths lie. Taking on tasks you hate, just because you're new can quickly cause you to feel disgruntled and will enventually lead to burnout.
- •Don't ever be afraid to ask your boss what is expected of you. When people start a new job, they often don't know what is expected of them. And nothing frustrates a supervisor more than finding out his sights and your sights are not set on the same goal. So don't ever be afraid to seek clarification on what that goal might be.

Appendix 82 What To Do If You Are Suffering From Burnout.

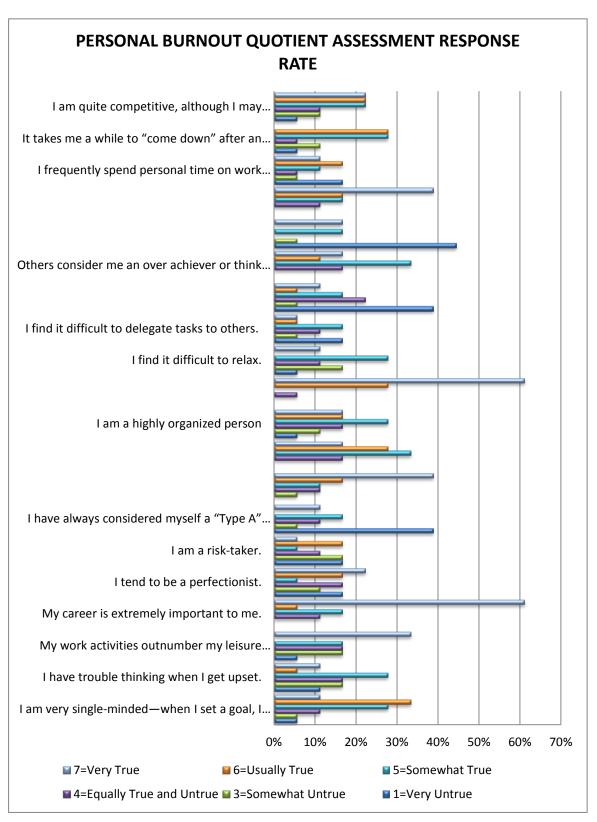


lot of people go through temporary bouts of burnout. Whether this is caused by a new and tougher boss, a period of company instability or a particularly busy time of year, these periods are usually short-lived and don't necessarily lead to a permanent case of burnout. So while you may feel burned out, the health threatening condition known as burnout usually only comes after months of feeling this way every day. And a really serious case of burnout, (perhaps having gone on for years) often includes a secondary layer of one or more of the following stress related conditions such as insomnia, depression, high blood pressure, stomach problems, migraines, backpain and immune system disorders. Whether your condition is temporary or permanent, you need to take action to keep your condition from getting worse.

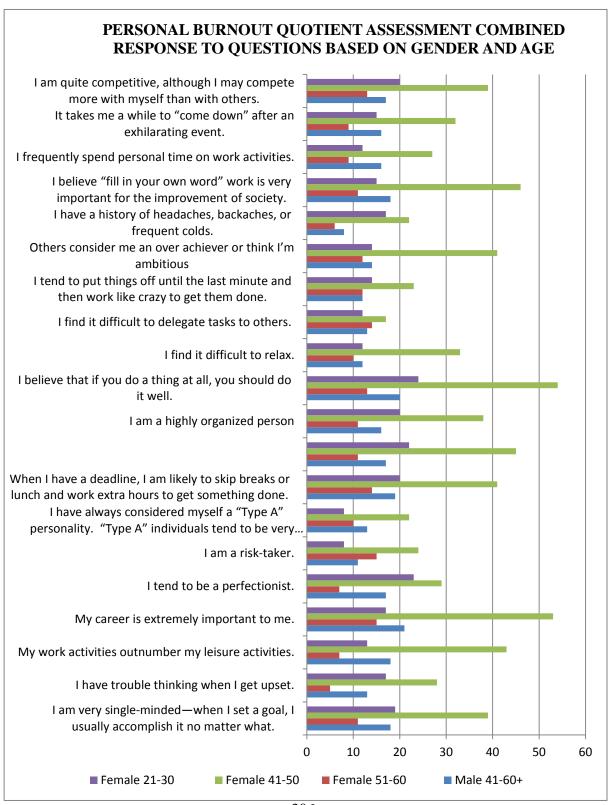
Here are some suggestions:

- Take time. Recovery from burnout should be treated like any other illness, and time away is often the only way to facilitate healing. Take your sick days, use your vacation time, ask for an extended sick leave or, if it's bad enough, quit. If you can't get away, then absolutely promise to give yourself at least one hour each day to revitalize yourself. Go for walk, read a book, listen to relaxing music, or even meditate. If one hour seems impossible, remind yourself that this attitude of ignoring your own needs is what got you where you are right now...feeling burned out!
- •Ask for help. Burnout often besets conscientious but overloaded workers. This means you may be a very valuable asset to your company. Your boss won't want to lose you. Perhaps he or she (or some other supervisor who is familiar with your work) can help you devise a plan that will help you break up your work into more manageable chunks or address some other stressful aspect of work that is bothering you.
- •Opportunities. You may still enjoy what you do but not the company you are currently working for. Sending out resumes or talking to a headhunter can help you feel more in control. On the other hand, your current employer may be just fine but you no longer feel challenged by what you are doing. Sometimes, just requesting a transfer within the company will solve this problem. Taking one major step in a new direction is often all you need to reverse a pattern of burnout.
- Pursue interests and hobbies. Pick an interest or a hobby which is the polar opposite of what you do at work. If you sit at a desk all day, try hiking, or an activity that forces you to move around. If, on the other hand, your job requires you to be on the go all day, then pick a hobby that's quiet and relaxing.
- •Be more than your work. Why limit a definition of yourself to the work that you do. You are so much more: A spouse, a parent, a gardener, a collector, a gourmet cook, an artist, or a sports fan. The point is, that by redefining yourself, you will discover that you are much more than your job. This way of thinking will also help you reprioritize your life in a direction that is infinitely more meaningful to you.

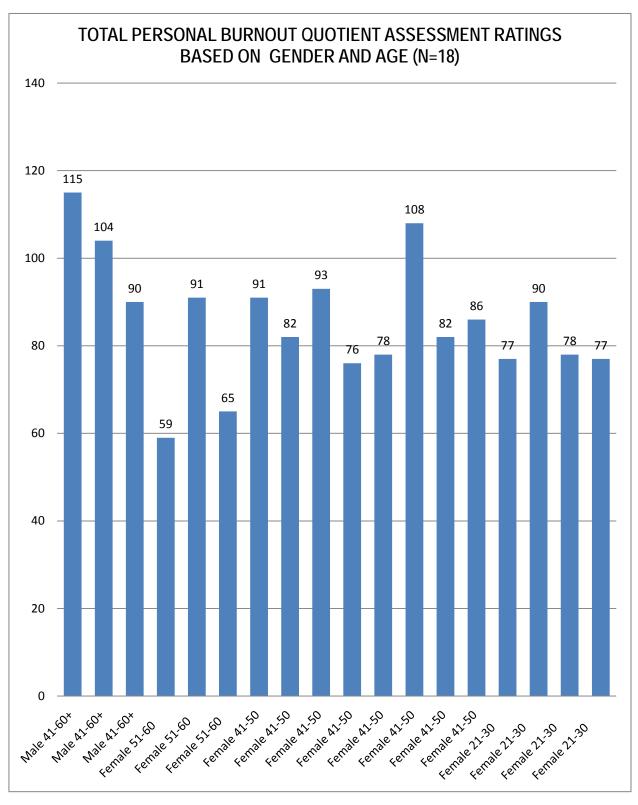
Appendix 83 PBQ Assessment Response Rate



Appendix 84
PBQ Assessment Combined Responses Based on Gender & Age



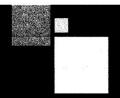
Appendix 85
Individual PBQ Assessment Ratings Based on Gender & Age



Appendix 86 Evaluation Form

Class Course:	Instructor's Name:		Today's Date:		
For each of the following areas, pleas	e indicate your	reaction:	Ay 1	N T (
Content	Excellent	Good	Needs Improvement	Not Applicable	
Covered Useful Material	[]	[]	[]	[]	
Practical to My Needs and Interests	[]	[]	[]	[]	
Well Organized	[]	[]	[]	[]	
Presented at the Right Level	[]	[]	[]	[]	
Effective Activities	[]	[]	[]	[]	
Useful Visual Aids and Handouts	[]	[]	[]	[]	
Presentation	Excellent	Good	Needs Improvement	Not Applicable	
Instructor's Knowledge	[]	[]	[]	[]	
Instructor's Presentation Style	[]	[]	[]	[]	
Instructor Covered Material Clearly	[]	[]	[]	[]	
Instructor Responded Well to Question	ons []	[]	[]	[]	
How could this training be improved?)				
Any other comments or suggestions?					
What other training courses would be	of interest to y	ou?			
Overall, how would you evaluate the Excellent Good []	training session	as? Fair []	Poor []		

Appendix 87 Instruction Sheet for Self-Care Assessment



Core Competencies: Peer Role: Self Care

SELF-ASSESSMENT TOOL: SELF-CARE*

▶ ABOUT THIS ACTIVITY

- (1) Time: 15 minutes
- Objectives: By the end of this session, participants will be able to:
 - Use a self-assessment tool to rate their physical, psychological, emotional, spiritual, and workplace self-care
- Training Methods: Individual Activity, Large Group Discussion
- In This Activity You Will...
 - Facilitate participant completion of a self-care assessment tool (7 minutes)
 - Lead a group discussion on self-care strategies or activities (8 minutes)
- Materials:
 - Handout- Self-Assessment Tool: Self-Care
- Preparation:
 - Complete the self-assessment tool yourself and think about your responses to the follow-up questions listed below.
 - Make enough copies of the selfassessment tool for each participant.

Instructions

- Distribute a copy of the self-assessment tool to each participant and request that everyone takes about five to seven minutes to complete it. Emphasize that this is a representative list of self-care activities, not an all-inclusive list. In addition, inform participants that no person is expected to be doing all of the things mentioned on the list. This tool simply provides a snapshot of a person's current attention to personal wellness.
- 2. Once participants have completed the self-assessment, ask them to discuss the ideas and issues it raised. You can ask participants to discuss this in pairs, in small groups, or in the entire group. If you wish, you may prompt the participants with questions such as the following:
- Were there any surprises? Did the assessment present any new ideas that you hadn't thought of before?
- Which activity ideas seem like they would be more of a burden than a benefit to you?
- What are you already doing to practice self-care in the physical, psychological, emotional, spiritual, and workplace realms?
- Of the activities you are not doing now, which particularly sparks your interest? How might you incorporate them into your life sometime in the future?
- What is one activity or practice you would like to "try on for size" starting now or as soon as possible?

Summary

Wrap up session.

* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. This module comes from A Kaleidoscope of Care: Responding to the Challenges of HIV and Substance Use, 2004. http://www.hdwg.org/kaleidoscope.

Building Blocks to Peer Success

Appendix 88 Self-Care Assessment Tool for Self-Care

SELF-ASSESSMENT TOOL: SELF-CARE

ESSION HANDOUT

☐ Spend time outdoors

Other:

Building Blocks to Peer Success

SELF-ASSESSMENT TOOL: SELF-CARE Rate yourself, using the numerical scale below, to fill in the empty boxes: 5 = Frequently, 4 = Occasionally, 3 = Sometimes, 2 = Never, 1 = It never even occurred to me How often do you do the following activities? Physical Self-Care ☐ Eat regularly (that is, breakfast, lunch, and dinner) ☐ Eat healthfully ☐ Exercise or go to the gym ☐ Lift weights ☐ Practice martial arts ☐ Get regular medical care for prevention ☐ Get medical care when needed ☐ Take time off when you're sick ☐ Get massages or other body work Do physical activity that is fun for you ☐ Take time to be sexual Get enough sleep ☐ Wear clothes you like □ Take vacations ☐ Take day trips or mini-vacations Get away from stressful technology such as pagers, faxes, telephones, and e mail Other: Psychological Self-Care ☐ Make time for self-reflection ☐ Go to see a psychotherapist or counselor ☐ Write in a journal ☐ Read literature unrelated to work Do something at which you are a beginner ☐ Take a step to decrease stress in your life ☐ Notice your inner experience – your dreams, thoughts, imagery, and feelings ☐ Let others know different aspects of you ☐ Engage your intelligence in a new area – go to an art museum, performance, sports event, exhibit, or other cultural event ☐ Practice receiving from others ☐ Be curious ☐ Say no to extra responsibilities sometimes

Appendix 89 Self-Care Assessment Tool for Self-Care Cont.

SELF-ASSESSMENT TOOL: SELF-CARE SELF-ASSESSMENT TOOL: SELF-CARE (CONT.) SESSION HANDOUT (cont. **Emotional Self-Care** ☐ Spend time with others whose company you enjoy ☐ Stay in contact with important people in your life ☐ Treat yourself kindly (for example, by using supportive inner dialogue or self talk) ☐ Feel proud of yourself Reread favorite books and see favorite movies again ☐ Identify comforting activities, objects, people, relationships, and places, and seek them out ☐ Allow yourself to cry ☐ Find things that make you laugh Express your outrage in a constructive way ☐ Play with children Other:_ Spiritual Self-Care ☐ Make time for prayer, meditation, and reflection ☐ Spend time in nature Participate in a spiritual gathering, community, or group ☐ Be open to inspiration ☐ Cherish your optimism and hope ☐ Be aware of intangible (nonmaterial) aspects of life ☐ Be open to mystery and not-knowing ☐ Identify what is meaningful to you and notice its place in your life ☐ Sing ☐ Express gratitude Celebrate milestones with rituals that are meaningful to you Remember and memorialize loved ones who are dead ☐ Nurture others ☐ Have awe ful experiences ☐ Contribute to or participate in the causes you believe in ☐ Read inspirational literature ☐ Listen to inspiring music Other:

Building Blocks to Peer Success

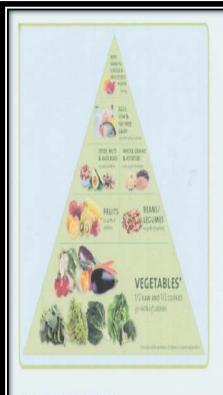
Appendix 90 Self-Care Assessment Tool for Self-Care Cont.

SEI	LF-ASSESSMENT TOOL: SELF-CARE
	SELF-ASSESSMENT TOOL: SELF-CARE (CONT.)
SESSION HANDOUT (cont.)	Workplace/Professional Self-Care
	☐ Take time to eat lunch with co-workers
3	☐ Take time to chat with coworkers ☐ Make time to complete tasks
	☐ Identity projects or tasks that are exciting, growth promoting, and rewarding for you
	☐ Set limits with clients and colleagues ☐ Balance your caseload so that no particular day is 'too much!"
	☐ Arrange your workspace to make it comfortable and comforting ☐ Get regular supervision or consultation
9	☐ Negotiate for your needs, such as benefits and pay raises
	☐ Have a peer support group ☐ Other:
	<i>₹</i>
~	
9	
S	
S	
0,	
	This body was a state of the Tourist of Disa A World by Land Control of the Contr
	This handout was adapted from Transforming the Pain: A Workbook on Vicarious Traumatization by Karen Saakvitne and Lautie Anne Pearlman, published in 1996 by TSI Staff.

Appendix 91 Basic Self- Care Pamphlet Page 1

BASIC SELF-CARE SPIRITUAL Connect with Nature DAY 2 SEMINAR: Concentrate on the flame of a candle meditate **BODY, MIND AND** Pray **SPIRIT** Talk to your guardian angel Listen to a guided meditation tape Write about your spiritual purpose Felicia Y. Pinckney-Bullock Visualize yourself in a peaceful place Do something of service for another or for your community Join a church group "We are not human beings having a Learn about a religion different from your own spiritual experience... Study with a spiritual teacher We are spiritual beings having a human Study ancient, esoteric wisdom experience" Practice unconditional love and forgiveness with self and others Practice a daily quiet time, routine to connect spiritually Felicia Y. Pinckney-Bullock Cell #: (347) 207-9518 E-mail: bullockmab520@aol.com **FUTURE SOLUTIONS NOW!** June 21, 2013

Appendix 92 Basic Self-Care Pamphlet Page 2



BASIC SELF-CARE

- Eat regular, nutritious meals
- Get regular, adequate sleep
- Practice good sleep hygiene
- Drink adequate amounts of water
- Get regular exercise
- Get medical and dental care when needed
- Get some regular fun and recreation
- Take any medications as prescribed
- · Maintain grooming and hygiene

SELF SOOTHING ACTIVITIES:

Deep breathing

- Brain Gym
- Get a massage
- Take a bath or a warm shower
- Rock in a rocking chair
- Light a fire in the fireplace
- Take a nap
- Give yourself a manicure or pedicure
- Put on some body lotion
- Listen to music that you like
- Give yourself a foot massage
- Listen to a relaxation CD
- Write or say self-affirmations
- Construct an image of a safe and relaxing place Meditate
- Drink some herbal tea
- Spend time outside
- Grounding exercises
- Mindfulness eating
- Yog
- Progressive Muscle Relaxation (PMR)

EXPRESSIVE ACTIVITIES

- Talk to someone
- Do a hobby
- Write in a journal
- Write stories/poetry

- Color, draw, paint, sculpt, knit, make a collage
- Write a letter to yourself
- Dance/Sing
- Use physical activity to express your feelings (e.g. sports, exercise)

TAKE A BREAK FROM YOUR THOUGHTS/FEELINGS:

- Thought Stopping
- Find the positive things going on
- Read
- Build/make something
- Go to the movies
- Work on a car or other project
- Wash your vehicle
- Volunteer
- Play with your animals
- Work in the garden
- Watch TV
- Gratitude/Victory journal
- Read an inspiration quote
- Take a class/participate in activity
- Play at the recreation center

Appendix 93 Creating Balance for Self-Care



MIND: I am focused and capable of greatness! BODY: I am healthy and will take care of myself! **SPIRIT:** God is my ground and center!

Appendix 95 THREE EASY EXERCISE YOU CAN DO AT YOUR DESK

Three Easy Exercises You Can Do At Your Desk

Deskercises

Deep Breathing

Most people, you take about 17,000 breaths per day. And you do it without even giving it a second thought. Yet nothing can lower your stress level faster or more effectively than learning to breathe consciously from your diaphragm.

To begin, place one hand over your navel. Take a deep breath in and then exhale. You should feel your hand rising with the air coming in and falling as you breathe out.

This time, count slowly to five as you breathe in. Hold the breath in to the count of five and then let the air out to the count of five. (You can increase or decrease this number to suit your own needs. The idea is to comfortably stretch out your normal breathing pattern and take in more air.)

You can use this exercise anytime you feel stressed: in a traffic jam, at your desk at work, or even in a grocery store check-out line.

Deskercises

Picture your stress in perspective

Sometimes just a photograph placed on a wall or on a desk where you work can help keep your stress in perspective. Whether it's a picture of your children, your favorite vacation spot, or your pet dog, just looking at it helps take your mind off your problems.

Most stressful episodes revolve around insignificant events you won't even remember in 24 hours. Your picture will remind you to keep your stress in perspective.



Deskercises

Differential Relaxation

INSTRUCTIONS:

Make a fist with your left hand and tense all the muscles in your left arm, all the way up to your shoulder. You can even tense the left side of your face by lifting one cheek and closing one eye. Clamp your jaw shut tight as you concentrate on tightening all the muscles on the left side of your body.

Now here's the tricky part. Think about relaxing the right side while you simultaneously tense the left. Notice how the tension wants to spread from the left side over to the right. Hold the tension for as long as you comfortably can, and then relax both sides of your body.

After a short pause, try this exercise again, this time relaxing the left side while you tense the right.

PURPOSE:

The underlying reason for practicing relaxation techniques is to foster a greater awareness between the mind and the body. In this

particular exercise, we wanted to show you how tension tends to spread from the muscles that are doing the work to the muscles that aren't. But with a little practice, you can learn to control this tendency. CONCLUSION:

Use only the muscles you need to perform a task and relax the ones you don't need. Try not to let your shoulders tense up, for example, while typing or driving. Let your fingers and hands do the typing, and let your hands and arms do the driving. Consciously relax the rest of your body.



Appendix 96 Stress Management

Stress Management

Time is the greatest asset you have. Unfortunately, stress robs you of this asset by making you unproductive, unfocused and unhealthy. The key to successful stress management is the productive and prioritized use of your time. Candidates for burnout consistently make the mistake of judging their success merely on their productivity. If you were in the business of making computer chips and your factory was pumping out outdated 486 computer chips, no matter how productive you were, you would quickly bankrupt your company. People bankrupt themselves in the same way by spending large amounts of energy on low priority tasks. Here are 5 ideas for how you can manage stress & time.

- 1. Create a comfortable morning routine. Do you normally get up at 7:30, rush through a shower, grab a muffin and throw yourself into the day? Try getting up at 6:30. Eat a healthy breakfast. Enjoy your shower. Ease into the day with the goal of arriving at work at least 15 minutes early.
- 2. Planning the Day. Having arrived early, devote this time purely to planning. Planning is the most important thing you do on any given day. Try making a short list (with say 6 items) of just the things you need to do that day. Prioritize them and work down the list from the most important task to the least.
- 3. 60 Minutes of Focus. Spend 60-90 minutes each day working on a project that will have a long-term payoff for you personally. This should be something that directs you toward your biggest goal in life. Whether that's to be a better writer, a better salesperson, a better manager, a better parent, or even in better shape. (Obviously if your goal is not work-related you'll have to find time for this at home.) First, decide what your number one long-term goal is. (Something that takes 6 months or more.) Break it down into steps and devote at least one uninterrupted hour to accomplishing this goal, every day, five days a week, until it is done.
- 4. Give yourself a break. If you are working hard a short break can be a real motivator. You can't possibly work at the same thing for 8 hours straight. Your breaks are vital to your success. Physically, or at least mentally, get away from your work space. Whatever gets you away from where you've been for the last several hours will help you return refreshed. If you are inside all day try to go outside. If you can't go outside, deliver something to the other end of the building.
- 5. When the Day is Done. Give yourself something to look forward to at the end of every day. This will help you mentally turn off work the minute you step through your front door. REMEMBER: YOU ARE MUCH MORE THAN YOUR WORK. Cook a fancy meal. Rent a video. Put the kids to bed early and prepare a candlelight dinner for your spouse. At the end of the evening, go to bed an hour early and read something calming. Don't watch the 11 O'clock news. It is designed to upset you. As you close your eyes to sleep, ponder five things you have to be grateful for.

Appendix 97 20 Things I have to be grateful for...

20

Things I have to be grateful for...

Then we are feeling the effects of stress we often forget to focus on what matters most: friends, family, children, a loving spouse, a comfortable home, or even a deep spiritual faith. Focusing on one or more of these things in times of trouble can often give you the inspiration to keep moving forward through stormy seas. As writer Earl Nighingale says: "You need to develop an attitude of gratitude."

Everyone has *something* to be grateful for, and you probably have much more to be grateful for than you even realize. Whether it's a loyal dog, a reliable car, a parent who loves you, or even just your health, these things shouldn't be taken for granted. Write down 20 things you have to be grateful for and notice how just contemplating these things can lift your spirits. If this is the case, spend some time thinking about this list everyday. Review your top five items in your mind every night before going to sleep.

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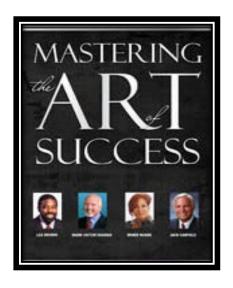
Appendix 98 A Quote by Judy Garland



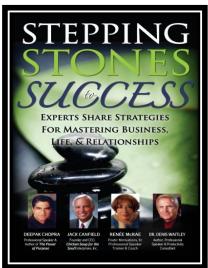
Appendix 99 Picture of Faith Stones

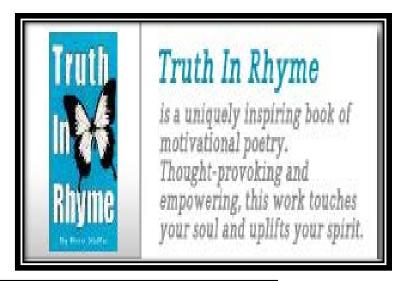


Appendix 100 Renee McCrae











Appendix 101 Let's Eat for the Health of it: PowerPoint by Ruth Sypher



Eating Right Every Day

- This session is to promote healthier eating habits amongst adults.
- Before starting let us focus on our current eating habits.
- What are you consuming daily?
- Which one is your plate?





What is Nutrition?

- According to the World Health Organization [WHO] nutrition is defined as the intake of food, considered in relation to the body's dietary needs. Good nutrition is an adequate, well balanced diet combined with regular physical activity which are the cornerstones of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.
- What steps can we take to eat healthier?



Healthy Eating Habits

- > By learning to plan ahead and expand your range of healthy foods, will make way in your new journey on healthy eating habits. First, there are some nutrition basics that are important for you to learn. You can always start by reading the dietary guidelines released by the U.S. Department of Agriculture (USDA), or read up on the six essential nutrients. Those are good starting points to learn the basics of healthy eating, which really means a balance of vitamins, minerals, carbohydrates, fiber, proteins, fat and water.
- > Second, it is important that you are able to use this knowledge in a way that works for you. This is where different diet plans can help. There are many healthy eating diet plans available that focuses on your special needs whether it's medical needs, preferences, availability, or the fact that you may not want to spend as much time in the kitchen. FoodPyramid.com presents you with a variety of diet plans to choose from and guide you towards the perfect healthy eating plan for you.

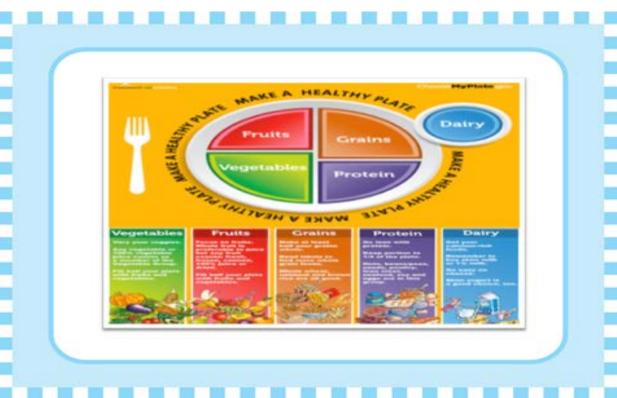
Appendix 103

Let's Eat for the Health of it: PowerPoint by Ruth Sypher Cont.

MyPyramid

In 2005 the <u>U.S Department of Agriculture</u> (USDA) released a food pyramid called MyPyramid, which was designed to educate people about the 2005 Dietary Guidelines for Americans. These guidelines were developed jointly by the USDA and the Department of Health and Human services (HHS). The dietary guidelines are revised every five years by both departments. Currently, there are new guidelines in place, and the government have decided to drop the pyramid shaped illustration to replace it with a plate model called MyPlate.





Appendix 104 Let's Eat for the Health of it: PowerPoint by Ruth Sypher Cont.

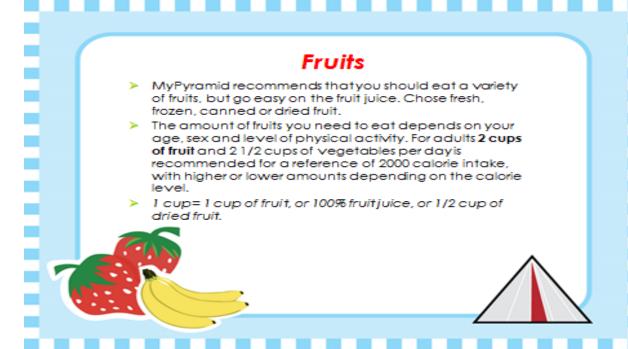
So what type of food does each color stand for?

Grains

- Together, research and discuss the health benefits of grains. MyPyramid recommends that at least 50% of the grains should be whole grain.
- Eat at least 3 ounces of whole grain breads, crackers, cereals, crackers, rice or pasta every day.
- I ounce= 1 slice of bread, or 1 cup of breakfastcereal 1 ounce= 1/2 cup of cooked rice, or cereal, or pasta.
- There are two types of grains: whole grains and refined grains. Refined grains have been milled to gain finer texture and improve their shelf life. The problem with this process is that all fiber, iron and most of the vitamin B, have been removed. After this process the iron and vitamin B are often added back (enriched). The fiber is not added back though, and fiber is very important for the health of the digestive system and for lowering cholesterol.

Appendix 105 Let's Eat for the Health of it: PowerPoint by Ruth Sypher Cont.





Appendix 106 Let's Eat for the Health of it: PowerPoint by Ruth Sypher Cont.

- •Fruit contains many important vitamins and minerals that most people don't generally get in their regular diet. Fruit is a good source of fiber and contains very little fat. Eat atleast two-three fruits a day, and don't forget the vegetables.
- •Fruit juice contains many vitamins and nutrients that are good for you, but it's healthier if you eat fresh fruit instead of drinking juice, since you get more of the fibers and less of the sugar. When you drink ½ cup of apple juice, it's the same as eating an entire apple but the difference is that the apple has all the fiber that fills you up. This means that we drink more and intake more sugar than is healthy. The sugar intake of one glass of juice can equal that of a soft drink and sometimes the calories can be even higher.



Oils

- MyPyramid recommends that most of your fat should come from fish, nuts and vegetable oils.
- Keep total fat intake between 20-35% of calories with most fats from polyunsaturated and monounsaturated fatty acids.
- Oils from plant sources (vegetable and nutoils) are better for your health since they do not contain any cholesterol. You should limit solid fats like butter and margarine. Solid fats come from animals and are solid at room temperature. Solid fats are considered a contributor to cardiovascular disease, a leading cause of death in the U.S.

Appendix 107 Let's Eat for the Health of it: PowerPoint by Ruth Sypher Cont.

Milk

- MyPyramid recommends 3 cups per day of fat-free or low-fat milk, or milk products for adults
- Milk, yogurt and cheese are all rich in calcium.
- Choose lactose-free product or other calcium sources if you cannot consume milk.
- Milk, yogurt and cheese are all rich in calcium. Be aware though that cream cheese, cream and butter are not rich in calcium. You should also be aware of the extra calories that contains in the sweetened milk products that you choose.

Meat and Beans

- MyPyramid recommends that you should choose low-fat or lean meats and poultry.
- Bake it, broil it or grill it.
- Eat more fish, beans, peas, nuts and seeds. They contain healthier unsaturated fats.
- Instead of just eating red meat, vary your choices with more fish, beans, peas, nuts and seeds. They all contain good, healthier unsaturated fats. Salmon, trout and herring are high in omega-3 fatty acids, which are good for your health. Flax and walnuts are excellent sources of essential fatty acids. Sunflower seeds, almonds, hazelnuts are good sources of vitamin E. Two servings or fish per week (8 ounces total) may reduce the risk of mortality from coronary heart disease, according to studies.

Appendix 108 Let's Eat for the Health of it: PowerPoint by Ruth Sypher Cont.

Make It Happen... Four Week Challenge!

- Week 1 -- Discuss 5 a Day Plan for the first week
- Use 'Buddy System'
- Week 2- same as week one
- Week 3- attempt two days that are carbohydrate free [yes 2 full days]
- Week4-same as week3



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Appendix 109 Let's Eat for the Health of it: PowerPoint by Ruth Sypher Cont.

Physical Activity

The figure on the stairs is there to remind you of the importance of physical activity.



MyPyramid recommends that adults should engage in physical activity (above usual activity) for at least 30 minutes every day, or most days.

Questions?

Eati Well and Stay Healthyl

Appendix 110 Let's Eat for the Health of it: PowerPoint by Ruth Sypher Cont.



Appendix 111 Welcome to the 5-A-Day Fruits & Vegetables Challenge

WELCOME TO THE 5-A-DAY FRUITS & VEGETABLES CHALLENGE CONGRATULATIONS ON TAKING A STEP TOWARD BECOMING HEALTHIER

Here are the guidelines of the Challenge

- 1. The Challenge will take place from the morning of Monday, June 24, 2013 through the evening of Friday, June 28, 2013.
- 2. You must eat 5 servings of fruits and vegetables (total; not 5 servings of each) each day of the challenge. Make sure you have a friend to help you with this challenge.
- 3. You must keep track of your intake of fruits and vegetables, and the number of servings eaten each day of the Challenge on the chart on page 2 of this packet, documenting the intake of fruits and vegetables you have been keeping track of.

Appendix 112 Charting Your Path – Calandar

Many blessings on the start of a new beginning...better health!









Type of Fruit or Vegetable	Monday	Tuesday	Wednesday	Thursday	Friday
and number of Servings	6/24/2013	6/25/2013	6/26/2013	6/27/2013	6/28/2013
	0/24/2013	0/23/2013	0/20/2013	0/2//2013	0/28/2013
Fruit/Vegetable:					
number of Servings:					
Fruit/Vegetable:					
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Appendix 113 EASY WAYS TO GET YOUR 5 A DAY

Eating 5 to 9 servings of fruits and vegetables is easy, especially if you have a plan. The following guidelines can help you develop your plan for eating 5 A Day every day.

At every meal and snack, eat at least one serving of a fruit or vegetables.

- 1. **Start your morning off with a glass of 100% fruit juice.** Just ³/₄ cup or 6 fluid ounces counts as one serving.
- 2. For a morning snack, eat a piece of fresh fruit, such as a banana, apple, orange or pear. A medium piece of fruit counts as one serving.
- 3. **Eat a large salad with your lunch.** A large salad with 3 cups of mixed greens counts as three servings.
- 4. **For an afternoon snack, munch on raw vegetables like celery sticks or baby carrots.** A handful of celery sticks or baby carrots count as one serving.
- 5. With dinner, eat a dark green leafy vegetable, such as broccoli or spinach. Just ½ cup of any cooked vegetable counts as one serving.
- 6. For an evening snack, choose dried fruit like raisins, dried strawberries or apricots. Just ¼ cup of dried fruit counts as one serving.

Other Tips

- 1. Every day eat at least one rich fruit or vegetable, such as cantaloupe, carrots, sweet potato, spinach or broccoli.
- 2. Every day eat at least one vitamin C rich fruit or vegetable, such as orange juice, grapefruit, fresh pineapple, green pepper or cauliflower.
- 3. Every day eat at least one high fiber fruit or vegetable, such as apples, grapefruit, or broccoli.
- 4. Several times each week eat cruciferous) vegetables such as broccoli, cauliflower, Brussels sprouts or cabbage.

Here are some general guidelines about what counts as a serving for 5 A Day.



1 medium-sized piece of fruit (e.g. banana, apple, orange, pear)



1 cup raw, leafy vegetables (e.g. lettuce, spinach) or salad



1/2 cup cut-up fresh fruit or canned fruit, canned in its own juices



1/2 cup cooked or canned vegetables



3/4 cup (6 fluid ounces) 100% fruit juice



3/4 cup (6 fluid ounces) 100% vegetable juice



1/4 cup dried fruit (e.g. raisins, dried apricots, prunes)



1/2 cup cooked or canned beans, peas or lentils

As you can see the servings are quite small, so eating 5 a day is easy!

Appendix 114 Serving Sizes for Other Food Groups



Handful = 1-2 oz. Example: Fist =

1 oz. nuts = 1 handful or 2 oz. pretzels = 2 handfuls



Palm = **3 oz.** Example: a cooked serving of meat. (NOT including your fingers or thumb)



1/2 cup pasta (about the size of an adult woman's fist, **stacked 1'' high**)



Thumb = 1 oz. Example: piece of cheese



1 meat, poultry or fish serving= 3 oz (about the size of a deck of cards)



1 grain= 1 slice bread, pre-sliced (about the size of a cassette tape) or



1 dairy serving=8 ounces (the size of a container of individual yogurt)



1 vegetable serving = 1/2 cup cooked or canned vegetables (about ½ a baseball)



1 fat serving= 1 teaspoon (about the size of 4 stacked dimes)

Appendix 115 What Counts as a 5 A Day Fruit or Vegetable?

WHAT COUNTS AS A 5 A DAY FRUIT OR VEGETABLE?

- 1. All fresh produce **except** avocados, coconuts, and olives. Unlike other types of produce, these three items contain a lot of fat.
- 2. All canned, frozen or dried fruits and vegetables (**except** avocados, coconut, and olives) provided that no fat or sugar has been added, and the sodium content does not exceed 480 mg/serving.
- 3. All juices or juice blends that are 100% juice with no added sugar. (Fruit juices have high caloric content)
- 4. All canned, frozen or dried fruits and vegetables (except dried coconuts) provided that minimal fat and no sugar have been added, and that the sodium content does not exceed 480 milligrams per serving.

Appendix 116 Fruits & Vegetables Encyclopedia



Apples: About 2,500 known varieties of apples are grown in the United States. More than 7,500 are grown worldwide. It may be difficult to try every kind, but you may want to eat "one a day to keep the doctor away". One apple contains five grams of fiber, supplying 20% of the daily fiber recommendation.



Apricots: Despite its scientific name, Prunus armeniaca (Armenian plum tree), the apricot tree originated in China. One serving (two apricots) provides 20 percent of your daily vitamin A and 10 percent of your daily vitamin C.



Artichokes: Artichokes are part of the sunflower family. The part we eat is actually an immature flower bud. Ninety-eight percent of the world's artichokes grow in California. They have wonderful health benefits. Artichokes are rich in flavonoids, which protect against cell damage. Pick some up at your local farmer's market today.



Asparagus: On a warm spring day, asparagus spears can grow up to several inches! Asparagus is a good source of vitamin C. Include a serving (5 spears) on your dinner plate tonight.



Avocados: Fruit or vegetable? If you guessed fruit, you are right! Avocados are rich in vitamin E and potassium, which are both good for heart health. They are also a great source of fiber. California grows 90 percent of the U.S. avocado crop. The U.S. is second only to Mexico in annual avocado production.



Bananas: Bananas are the most popular fruit in America. Americans eat 33 pounds of bananas per person a year! That equals about one banana every three days for each person in the U.S. each year. Keep it up...they are rich in vitamin C, fiber and potassium.



Bell Peppers: As bell peppers mature, their color changes from green, yellow, red, purple and finally brown. As they mature, they also become sweeter. Bell peppers are a wonderful source of vitamin C. One serving (about 5 strips) provides 100 percent of your daily vitamin C. Like many other fruits and vegetables, peppers were first introduced to Europeans by Christopher Columbus.

Appendix 117 Fruits and Vegetables Encyclopedia



Blackberries: Blackberries are almost exclusively wild and local, even to city folk. Come midsummer you can stain your fingers and improve your health at the same time. This juicy, plump fruit is packed with vitamins A and C. They are also one of the most fiber-rich berries. One serving (1/2 cup) provides 4 grams of fiber.



Blueberries: This beautiful sapphire-colored berry is one of only three fruits native to North America. The other two: cranberries and Concord grapes. All three are rich in vitamin C and powerful antioxidants that help protect your cells. Blueberries are one of the most popular berries in the U.S., second only to strawberries.



Broccoli: Its name comes from the Latin word brachium, which means "branch" or "arm." Broccoli is a great source of vitamin C. One serving (1 medium stalk) contains more than two times the daily-recommended amount of vitamin C. In the vegetable group, only peppers (bell and hot chili) provide more vitamin C per serving.



Brussels Sprouts: These "baby cabbages" were first grown in Brussels, Belgium - hence their name. They are one of the few vegetables that originated in northern Europe. The plants are grown from seed; it takes 4 months to go from seed to sprout. One serving (four sprouts) provides 75 percent of your daily vitamin C.



Cabbage (green): Egyptians used to worship cabbage heads as gods, enthroned on elaborate altars. That seems appropriate considering how healthy they are for your body. Green cabbage is packed with sulforaphane, isothiocyanates and indoles, natural chemicals that stimulate the production of cancer-fighting enzymes. Cabbage is also high in vitamin C.



Cantaloupe: When it comes to providing nutrition, cantaloupe cannot be beat! This sweet, delicious melon contains more vitamin A than any other fruit. One serving (¼ of a medium melon) provides more than 400 percent of your daily vitamin A, and it provides nearly 100 percent of your daily vitamin C!



Carambola (a.k.a. star fruit or star apple): This star-shaped yellow fruit is an excellent source of vitamin C and vitamin A and a good source of fiber. Native to southeast Asia, these uniquely shaped fruits are grown in subtropical regions of Taiwan, Malaysia, Guyana, India, the Philippines, Australia and Israel.

Appendix 118 Fruits and Vegetables Encyclopedia



Carrots: Are baby carrots really baby carrots? No way. They are actually grown from a special variety of carrots that produces thin stalks. These thin carrots are then cut into baby sizes. One medium full-size carrot provides 220% of the daily requirement for vitamin A in the form of beta-carotene, which has a beneficial effect on eye and skin health and may decrease risk for certain cancers.



Cauliflower: Mark Twain described the cauliflower as a "cabbage with a college education." You can be smart too by eating cauliflower—one serving (1/6 medium head) contains 100% of your daily-recommended vitamin C!



Celery: The winner of an athletic event in ancient Greece was given a bunch of celery, much as flowers are given today. One serving (2 medium stalks) is a great source of potassium and fiber.



Cherries: Cherries are named after Cesarus, the Turkish town where they were first grown. Today Europe is the leading producer of this fruit. Cherries can be sweet or sour, red or black. Sour cherries contain more vitamin C and A then sweet cherries do, but both types contain terpenes, phytochemicals that may help prevent certain types of cancers.



Collard Greens: Collard greens are a member of the cabbage family. Just ½ cup cooked collards provide 30 percent of your daily vitamin A, 35 percent of your vitamin C and are a good source of calcium and fiber. In addition, these wonderful greens contain phytochemicals that may help prevent cancer.



Corn: Corn is a member of the grass family, so it is not really a vegetable; it is a grain. Sweet corn, the type we eat as a vegetable, is always white or yellow, but other types of corn form orange, red, brown, blue, purple and even black kernels. The average ear of sweet corn has 800 kernels arranged in 16 rows. Corn is a very popular vegetable. The average American eats 25 pounds of corn each year! It is the seventh most popular vegetable.



Dates: These sweet fruits grown on palm trees that can be 100 feet high. The dates grow in clusters with as many as 200 dates per cluster. Dates can be yellow, orange, red, green or brown. One serving (5 dates) is a good source of fiber.

Appendix 119 Fruits and Vegetables Encyclopedia



Dried Plums (a.k.a. prunes): Chinese duck sauce is made from dried plums. Dried plums contain anthocyanins, powerful antioxidants that cut your risk of heart disease and stroke. Eat a serving (4 dried plums) of these fiber-packed fruits and your body will thank you!



Eggplant: Like its purple friends, plums and blackberries, eggplants contain anthocyanins, powerful antioxidants that may help in protecting you against heart disease and stroke. A member of the nightshade family, eggplants can range in length from 2 to 12 inches. After living in France, Thomas Jefferson was the first to introduce eggplant to the United States. Because it contains a toxin that can only be destroyed with heat, eggplant MUST be cooked before eating.



Grapefruit: Grapefruit is one of the largest members of the citrus family. One half of a grapefruit not only counts as one serving of your 5 A Day, but it also contains one half of the vitamin C your body needs for the day. Pink and red varieties contain lycopene, a phytochemical that reduces risk of certain cancers.



Grapes: Grapes are one of the oldest cultivated fruits, and more grapes are produced worldwide than any other fruit. All grapes—red and green—contain antioxidants called flavonoids and phenols that may help keep low-density lipoprotein, or LDL (the "bad" cholesterol), from forming plaque and damaging blood vessels. And...it only takes 17 crisp, cold grapes to get one of your 5 A Day.



Honeydew Melon: This fruit is related to squash and cucumbers, which are thought of as vegetable, but botanically speaking they are fruit. Honeydew melons can have either green or orange flesh. One serving (one-eighth of a melon) is a good source of potassium and an excellent source of vitamin C.



Iceberg Lettuce: Iceberg lettuce, originally called crisp hear, is the second most popular vegetable in the U.S., second only to potatoes. Before refrigeration, huge quantities of ice were mounded on top of crisp head lettuce to keep it cool during shipping. This gave it the appearance of an iceberg. Hence, the current name.

Appendix 120 Fruits and Vegetables Encyclopedia



Kiwifruit: Many people are surprised to learn that you can eat the fuzzy skin on kiwis. Sometimes called "Chinese gooseberries", kiwifruit first grew in China's Yangtze River Valley. Like grapes, kiwifruit grow on vines. California is the leading U.S. producer of kiwifruit. Baby kiwifruit are now grown in Oregon. They are the size of grapes and have no fuzz. A serving of kiwifruit (one large fruit) is an excellent source of vitamin C and a good source of fiber.



Mangos: Mangoes are the world's most popular fruit. The mango belongs to the same family as the cashew and pistachio. India is the leading producer of mango. Most mangoes sold in the U.S. come from Mexico. One serving (1/2 medium mango) is an excellent source of vitamin A and vitamin C.



Nectarines: Nectarines are a member of the rose family. Nectarines and peaches are very similar. In fact, there is only one gene that separates the two to make them distinct. Can you guess what gene the nectarine is missing? You got it! The fuzzy gene! These sweet fruits are a good source of vitamins A and C.



Oranges: The name "orange" comes from the Sanskrit word "naranga", which means fragrant. In the Orient, oranges were regarded as sacred, a heavenly fruit representing everlasting life. Maybe this belief stems from the fact that oranges are rich in an antioxidant that may help protect the cells in the body against damage. Following bananas, apples and watermelon, oranges are the fourth most popular fruit in the United States while orange juice is the most popular juice. One medium orange is an excellent source of vitamin C and fiber.



Papayas: Papayas grow on plants that are technically herbs. Hawaiian papayas typically weigh a pound while Mexican type can weigh up to 10 pounds each! Like other orange fruits and vegetables, papayas contain beta-cryptoxanthin57F, a phytochemical that may help protect against cell damage. One serving (1/4 medium fruit) is an excellent source of vitamin C.



Peaches: A native of China, today peaches grow in 30 U.S. states. California is the leading producer. Peaches have very good press—they are sweet, fuzzy, and when all is going well, it's "peachy." One serving (one medium peach) is a good source of vitamin C.

Appendix 121 Fruits and Vegetables Encyclopedia



Pears: Pears, part of the rose family, are closely related to apples. There are more than 3,000 varieties of pears grown around the world. Seckel pears are tiny, about one-fifth the size of other pears. All types are juicy and sweet. One serving (one medium pear) is a good source of fiber and vitamin C.



Pineapple: The Spanish explorers thought pineapples looked like pinecones, so they called them "Pina." The English added "apple" to associate it with juicy delectable fruits. A single pineapple can weigh up to 10 pounds! New pineapples can grow from the crowns of harvested pineapples. Fresh pineapple is an excellent source of vitamin C.



Plums: Plum trees grow on every continent except Antarctica, so a plum should be easy to find for an afternoon snack. More than 140 varieties of plums are grown in the U.S. One serving (one medium plum) is a good source of vitamin C.



Potatoes: Potatoes, like eggplants, are members of the nightshade family. They first grew in the Andes Mountains of Peru. The starchy tubers (underground stems that can bear leaves) are the most popular vegetable in the U.S. The average American eats about 126 pounds of potatoes a year! Eat the non-fried version and reap the benefits of vitamin C, potassium and fiber—without all the fat.



Raisins: Their name comes from the Latin word "racemus", which means cluster of grapes or berries. Seventy-five percent of raisins are eaten at breakfast. California produces 95 percent of all raisins in the United States and about 50 percent of the raisins in the world.



Raspberries: Raspberries come in red, black or gold. Each berry is actually a collection of hundreds of individual fruits, each one containing a seed. One serving of raspberries (1/2 cup) is a good source of vitamin C and fiber.



Romaine Lettuce: Romaine lettuce is the most nutrient rich lettuce. You can tell this just by looking at it. Its darker color indicates it is more nutritious. This dark leafy green contains lutein and xeazanthin; carotenoids that help keep eyes healthy.

Appendix 122 Fruits and Vegetables Encyclopedia



Spinach: Like Romaine lettuce, spinach is another nutritious dark green leafy vegetable. One serving of cooked spinach (1/2 cup) is an excellent source of vitamin A and a good source of fiber, vitamin C and iron. Unfortunately, the oxalic acid in spinach makes it difficult to absorb the iron. However, if you eat spinach with fruits or vegetables rich in vitamin C, your body can absorb more of the iron.



Strawberries: Strawberries are unique in that their seeds grow on the outside. One strawberry typically has 200 seeds on it. Their beautiful red color and sweet taste make them the most popular berry in America. One serving (1/2 cup) provides two-thirds of your daily vitamin C.



Sweet Potato: Unlike yams, which contain no vitamin A, sweet potatoes are an excellent source of vitamin A. In fact, no other vegetable contains more vitamin A than sweet potatoes do.



Tangerines: Tangerines were named for the city of Tangiers in Morocco that was long famous for them. One of these citrus fruits contains half the amount of vitamin C needed daily to stay healthy and provides carotenoids that help protect us from cancer.



Tomato: Fruit or vegetable? Botanically, they are fruits, but the U.S.D.A. says they are vegetables. Fruit or vegetable, you should love tomatoes for their cancer-fighting lycopene. Lycopene is a carotenoid (plant pigment) that, as an antioxidant, protects against cancer. Any tomato-based food (fresh, soup, sauce, or juice) is a good choice for your health, although cooked tomato products contain more lycopene than their uncooked counterparts do. They're also an excellent source of vitamin C.



Watermelon: Watermelon may be 88% water, but it is packed with nutrients. It is an excellent source of both vitamins A and C and contains lycopene, an antioxidant that protects against cancer. So eat...or drink up!



Zucchini Squash: "Zucchini" is named after an Italian word meaning "sweetest." What is sweet is that zucchini contains lutein and xeazanthin, carotenoids that help protect against cataracts and macular degeneration, which can cause blindness.

Appendix 123 Fruit & Vegetable Nutrition Facts Chart

FRUIT & VEGETABLE NUTRITION FACTS CHART

This chart contains serving size information as well as dietary fiber, vitamin A, vitamin C, potassium and folate content for over 100 fruits and vegetables commonly found in U.S. supermarkets.

Nutrient data were obtained from the USDA Nutrient Database for Standard Reference (SR18).

Fruit or Vegetable	Serving Size	Weight	Calories	Fiber GRAMS	Vitamin A	Vitamin C HILLIGRAMS	Potassium HILLIGRAMS	Folate MICROGRAMS
Acorn squash, baked	1/2 cup, cubed	103	57	4.5	439	11	448	19
Apples	1 medium apple	138	72	3.3	75	6	148	4
Apple juice	1 cup juice	248	117	0.2	2	2	295	0
Apple juice (with added vitamin C)	1 cup juice	248	117	0.2	2	103	295	0
Apricots fresh	2 medium apricots	70	34	1.4	1348	7	182	6
Apricots canned, in juice	1/2 cup	122	59	2	2063	6	201	2
Apricots dried	1/4 cup	33	78	2.4	1171	0	378	3
Artichokes cooked	1 medium	120	60	6.5	212	12	425	61
Artichoke hearts, canned	1/2 cup	84	42	4.5	149	8	297	43
Arugula	1 cup	20	5	0.3	475	3	74	19
Asian Pears	1 medium	122	51	4.4	0	5	148	10
Asparagus raw	5 medium spears	80	16	1.7	605	5	162	42
Asparagus cooked	6 medium spears or 1/2 cup chopped	90	20	1.8	905	7	202	134
Avocado, California	1/5 medium	35	58	2.4	51	3	175	31
Bananas	1 medium banana	118	105	3.1	76	10	422	24
Beets	1/2 cup sliced beets, cooked	85	37	1.7	30	3	259	68
Beet Greens, cooked	1/2 cup	72	19	2.1	5511	18	654	10
Bell Peppers, sweet, green	1/2 cup chopped	75	15	1.3	276	60	130	8

Fruit or Vegetable	Serving Size	Weight	Calories	Fiber	Vitamin A	Vitamin C MILLIGRAMS	Potassium MIL LIGRAMS	Folate MICROGRAMS
Blackberries, frozen	1/2 cup	76	48	3.8	86	2	106	26
Blackberries, fresh	1/2 cup	72	31	3.8	154	15	117	18

Appendix 125
Fruit & Vegetable Nutrition Fact Sheet Cont.

Fruit or Vegetable	Serving Size	Weight GRAMS	Calories	Fiber GRAMS	Vitamin A	Vitamin C MILLIGRAMS	Potassium MILLIGRAMS	Folate MICROGRAMS
Chayote, raw	1/2 cup, chopped pieces	66	11	1.1	37	5	82	61
Cherimoya	1/2 cup, chopped	78	58	1.8	0	9	210	14
Cherries	1/2 cup, about 10 cherries	73	46	1.5	46	5	161	3
Cherry tomatoes, (Nutrition Pro)	1/2 cup	75	14	0.9	467	10	178	11
Chile peppers, green, raw	1/2 cup, chopped	75	30	1.1	884	182	255	17
Chile peppers, red, raw	1/2 cup, chopped	75	30	1.1	714	108	242	17
Collard Greens, cooked	1/2 cup, chopped	95	25	2.7	7708	17	110	88
Corn, yellow cooked	1/2 cup	82	89	2.3	216	5	204	38
Corn-on-the cob, yellow, cooked	Kernels from 1 medium cob	63	59	1.8	146	3	158	20
Corn-on-the cob, white, cooked	Kernels from 1 medium cob	63	59	1.3	3	3	158	20
Cranberries, raw	1/2 cup	55	25	2.5	33	7	47	1
Cranberries, raw	1/2 cup whole berries	48	22	2.2	28	6	40	0
Cranberries, dried, sweetened	1/3 cup	40	123	2.3	0	0	16	0
Cucumber	1/2 cup, sliced	52	8	0.3	55	2	76	4
Currants, dried	1/4 cup	36	102	2.4	26	2	321	4
Dates	5 dates	42	117	3.3	4	0	272	8
Eggplant, cooked	1/2 cup, cubed	50	17	1.2	18	1	61	7
Endive, Raw	1 cup chopped	50	8	1.6	1084	3	157	71
Figs, raw	2 medium	100	74	2.9	142	2	232	6
Figs, dried	1/4 cup (4 figs)	38	93	3.7	4	0	253	3
Grape juice, purple, unsweetened	3/4 cup juice	190	116	0.2	15	0	250	6
Grapefruit, pink or red	1/2 medium	123	52	2	1414	38	166	16

Appendix 126
Fruit & Vegetable Nutrition Fact Sheet Cont.

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Fruit or Vegetable	Serving Size	Weight GRAMS	Calories	Fiber GRAMS	Vitamin A	Vitamin C MILLIGRAMS	Potassium MILLIGRAMS	Folate MICROGRAMS
Grapefruit juice, pink	3/4 cup	185	72	0.3 (Original Value)	815	70	300	19
Grapefruit juice, white, unsweetened	3/4 cup	185	70	0.2	13	54	283	19
Grapes, green	1/2 cup, about 15 grapes	77	53	0.7	51	8	147	2
Green Beans	1/2 cup	55	17	1.9	380	9	115	20
Green beans, cooked	1/2cup	63	22	2	438	6	91	21
Guava	1 fruit	55	37	3	343	126	229	27
Honeydew melon	1/2 cup cubed	89	32	0.7	44	16	202	17
Jalepeno peppers, raw	1/2 cup sliced	45	14	1.3	360	20	97	21
Jicama	1/2 cup sliced	60	23	2.9	13	12	90	7
Kale, cooked	1/2 cup chopped	65	18	1.3	8854	27	148	8
Kiwifruit	1 large	91	56	3.1	159	68	302	0
Lemons	1 medium	58	17	1.6	13	31	80	6
Lettuce, Bibb (a.k.a. Boston)	1 cup, shredded	55	7	0.6	1822	2	131	40
Lettuce, iceberg	1 cup, shredded	55	8	0.7	276	2	78	16
Lettuce, green leaf	1 cup, shredded	36	5	0.5	2666	7	70	14
Lettuce, red leaf	1 cup, shredded	28	4	0.3	2098	1	52	10
Lettuce, Romaine	1 cup, shredded	47	8	1	2729	11	116	64
Limes	1 medium	67	20	1.9	34	20	68	5
Mandarin oranges, canned	1/2 cup	126	77	0.9	1058	25	98	6
Mangos	1/2 cup (about 1/3 of a medium fruit)	83	54	1.5	631	23	129	12
Mushrooms, raw	1/2 cup, chopped	35	8	0.3	0	1	111	6
Mustard greens, raw	1 cup	56	15	1.8	5880	39	198	105
Mustard greens, cooked	1/2 cup	70	10	1.4	4426	18	141	51

Appendix 127
Fruit & Vegetable Fact Sheet Cont.

Fruit or	Serving Size	Weight	Calories	Fiber	Vitamin A	Vitamin C	Potassium MILLIGRAMS	Folate MICROGRAMS
Vegetable	4 45 5 14			0.0				
Nectarines	1 medium fruit	136	60	2.3	452	7	273	7
Okra, cooked	1/2 cup	80	18	2	226	13	108	37
Olives, black	1/4 cup, whole	» 34	39	1.1	135	0	3	0
Oranges	1 medium	131	62	3.1	295	70	237	39
Orange juice (concentrate)	3/4 cup juice	187	82	0.4	146	61	355	34
Orange juice (fresh)	3/4 cup juice	186	84	0.4	372	93 .	372	56
Papayas	1/2 cup, cubed	70	27	1.3	766	43	180	27
Parsnips, cooked	1/2 cup sliced	78	55	2.8	0	10	286	45
Peaches	1 medium	98	38	1.5	319	7	186	4
Pears	1 medium	166	96	5.1	38	7	198	12
Peas, cooked	1/2 cup	80	67	4.4	641	11	217	50
Persimmons, Japanese-style	1/2 medium	168	118	6	2733	13	270	13
Pineapple, fresh varieties	1/2 cup, chopped	78	37	1.1	43	28	89	12
Pineapple, fresh, extra sweet varieties	1/2 cup, diced	78	40	1.1	44	44	84	15
Pineapple canned, in its own juices	1/2 cup, chunks	91	54	1.2	45	9	112	5
Pineapple juice, canned without added vitamin C	3/4 cup juice	188	99	0.4	9	19	244	34
Pineapple juice with added vitamin C	3/4 cup juice	188	99	0.4	9	82	244	34
Plantains, cooked	1/2 cup slices	77	89	1.8	700	8	358	20
Plums	2 medium plum	132	61	1.8	455	13	207	7
Plums, dried (prunes)	1/4 cup, about 5 medium prunes	43	102	3	332	0	311	2
Pomegranates	1 medium	154	105	0.9	166	9	399	9
Potatoes, baked, flesh and skin	1/2 cup	61	57	1.3	6	6	326	17
Potatoes, baked, flesh only skin	1/2 cup	61	57	0.9	0	8	239	5
Prune juice	3/4 cup	192	136	1.9	6	8	530	0

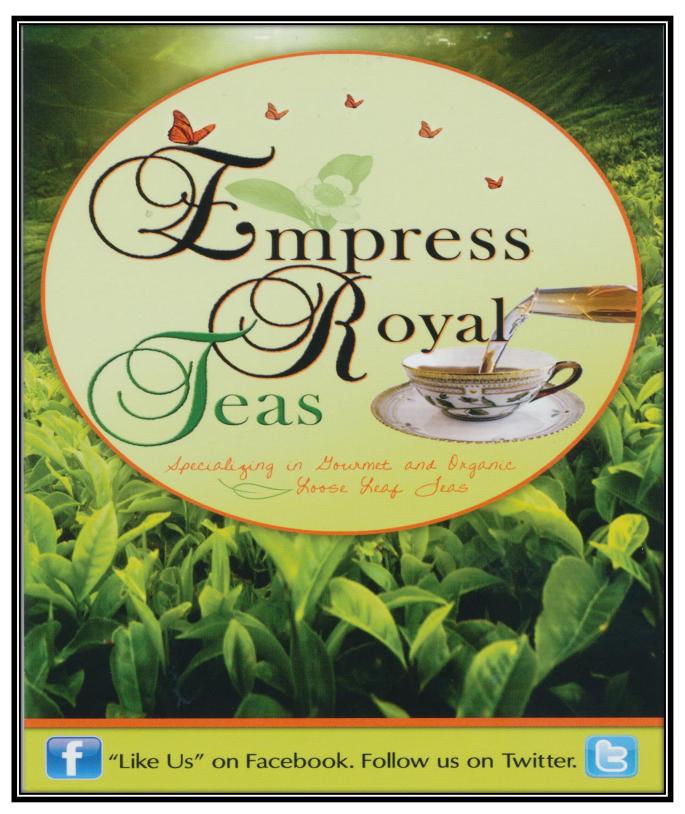
Appendix 128
Fruit & Vegetable Fact Sheet Cont.

Fruit or Vegetable	Serving Size	Weight GRAMS	Calories	Fiber	Vitamin A	Vitamin C	Potassium MILLIGRAMS	Folate MICROGRAMS
Pumpkin, canned	1/2 cup	123	42	3.6	19065	5	252	15
Pumpkin, cooked from fresh	1/2 cup, boiled	123	24	1.3	6115	6	282	11
Quince	medium	92	52	1.7	37	14	181	3
Radicchio, raw	1 cup, shredded	40	9	0.4	11	3	121	24
Radishes	1/2 cup sliced, about 10 medium radishes	58	9	0.9	4	9	135	14
Raisins, seedless	1/4 cup	41	123	1.5	0	1	309	2
Raspberries	1/2 cup	62	32	4	20	16	93	13
Rhubarb, raw	1 cup, diced	122	26	2.2	124	10	351	9
Rutabagas, cooked	1/2 cup, mashed	170	25	1.8	1	18	236	15
Shallots, raw	1/2 cup, chopped	80	58	1.2	952	6	267	27
Snow pea pods, raw	1 cup whole	63	26	1.6	685	38	126	26
Snow pea pods, cooked	1/2 cup, whole	80	34	2.2	824	38	192	23
Spinach, raw	1 cup packed leaves	30	7	0.7	2813	8	167	58
Spinach, cooked	1/2 cup	90	21	2.2	9433	9	419	131
Strawberries, fresh	1/2 cup, sliced	83	27	1.7	10	49	127	20
Strawberries, fresh	1/2 cup, whole	72	23	1.4	9	42	110	17
Strawberries, frozen	1/2 cup, whole	75	26	1.6	34	31	110	13
Sweet Potatoes, raw	1/2 cup, sliced	67	- 57	2	9434	2	224	7
Sweet Potatoes, baked	1/2 cup, mashed	100	76	2.5	15740	13	230	6
Swiss chard, cooked	1/2 cup, chopped	88	18	1.8	5358	16	480	8
Sun-dried tomatoes	1/4 cup	14	35	1.7	118	5	463	9
Tangerines	1 medium	84	45	1.5	572	22	139	13
Tomatoes, orange	1 medium	111	18	1	1661	18	235	32

Appendix 129
Fruit & Vegetable Fact Sheet Cont.

Fruit or Vegetable	Serving Size	Weight GRAMS	Calories	Fiber	Vitamin A INTL UNITS	Vitamin C MILLIGRAMS	Potassium MILLIGRAMS	Folate MICROGRAMS
Tomatoes, yellow	1 medium	212	32	1.5	0	19	547	64
Turnips, cooked	1/2 cup, mashed	115	25	2.3	0	13	204	10
Watercress	1 cup	34	4	0.2	1598	15	112	3
Watermelon	1/2 cup, cubed	77	23	0.3	438	6	86	2
Yam, cooked	1/2 cup cubed	68	79	2.7	83	8	456	11
Yellow snap beans, raw	1/2 cup	55	17	1.9	59	9	115	20
Yellow snap beans, cooked	1/2 cup	63	22	2.1	51	6	187	21
Zucchini squash, raw	1/2 cup sliced	57	9	0.6	113	10	148	16
Zucchini squash, cooked	1/2 cup sliced	90	14	1.3	1005	4	228	15

Appendix 130 Empress Royal Teas



Appendix 131 Empress Royal Teas Cont.



Appendix 132 Ms. Missy for Mia Bella's Products Front & Back Cover



Appendix 133 Ms. Missy for Mia Bella's Products Cont.



Appendix 134 Ms. Missy for Mia Bella's Products Cont.



Appendix 135 Ms. Missy for Mia Bella's Products Cont.



Appendix 136 Ms. Missy for Mia Bella's Products Cont.



Appendix 137 Ms. Missy for Mia Bella's Products Cont.



Appendix 138 Ms. Missy for Mia Bella's Products Cont.



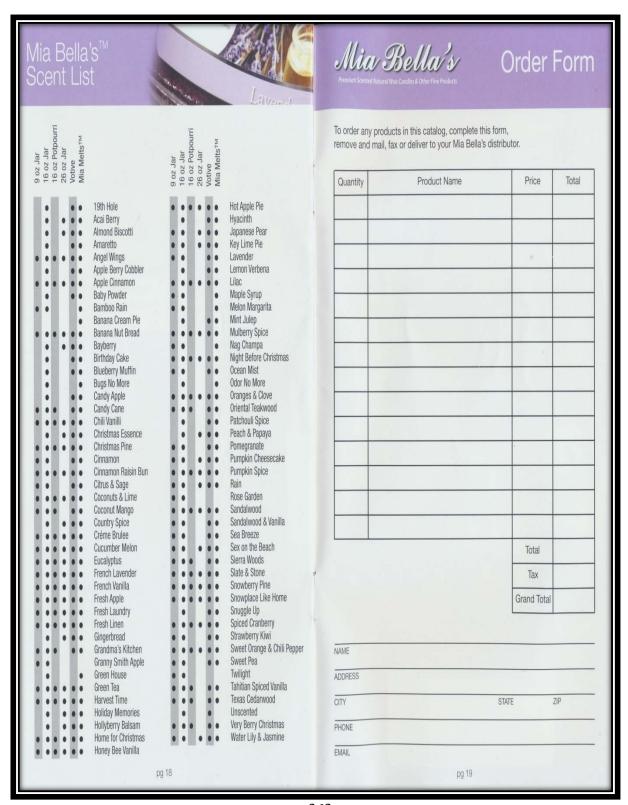
Appendix 139 Ms. Missy for Mia Bella's Products Cont.



Appendix 140 Ms. Missy for Mia Bella's Products Page Cont.



Appendix 141 Ms. Missy for Mia Bella's Products Cont.



ESSENTIAL OILS OF THE BIBLE

ANTIONETTE PINCKNEY, AROMATHERAPIST



NATURAL HEALING SOLUTIONS

In the first chapter of Genesis, it is written that God placed mankind in the Garden of Eden. God knew from the very beginning that this perfect environment would be the key source for mankind's healing and health.

Daily applications of essential oils in Biblical times were extensive, indeed. Thirty-six of the 39 books of the Old Testament and 10 of the 27 books of the New Testament mention essential oils or plants that produce them. These were the medicine provided by God.

The early Christians held the aromatic oils in very high esteem. Paul chose to compare devout Christians as "sweet savors," "fragrances," or "aromas" spreading the Gospel "among the perishing." In Ephesians 5:2, he admonishes his fellow Christians to be imitators of Christ "who gave himself up for us, as a fragrant offering and sacrifice to God."

God provided these plants and oils to heal our bodies, minds and spirits. They were the original source of healing, and that connection is still available to us today. "Healing: God's Forgotten Gift" is meant to be a guide to help us all to explore and learn what tools God make available to us to help keep us healthy physically, emotionally and spiritually.

THE OILS & ITS USAGE

Oils and oil blends used or mentioned in "healing: god's forgotten gift"

ALOES/SANDALWOOD* (*santalum album*) steam distilled from wood. It takes between forty to sixty years to mature and be available for harvest. Referred to as "aloes" in the bible. (Not to be confused with aloe Vera, an American plant.)

Scriptures: numbers 24:6; psalm 45:8; proverbs 7:17; Song of Solomon 4:14; john 19:39

Appendix 143 Oils of the Bible Cont.

Historical uses of aloes/sandalwood:

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Enhance deep sleep.	 Rub a drop above eyebrows in a wide circle around the eye 1-3 times daily to help with vision.
Used as cologne.	 Combined with bath salts for a relaxing bath.
 Used for dry chapped skin and wrinkled skin. 	Used for acute or chronic diarrhea, rub on stomach area.
 Place a drop on cold sores to help heal. 	 Massage in hair and on scalp to retard graying.
 Put a drop on an incision to speed wound healing. 	•

CASSIA* (*cinnamomum cassia*) steam distilled from bark. Cassia was an ingredient in the holy anointing oil given to moses. This exotic fragrance of vanilla/cinnamon might be similar in its aroma to cinnamon, but it is physically and chemically much different. Care must be taken in topical use as it may cause skin sensation. It is antibacterial, antifungal, anti-inflammatory, antiviral, and an anticoagulant. Scriptures: Exodus 30:24; Ezekiel 27:19; Psalm 45:8

Historical uses of Cassia:

Put a scant drop on your tongue and enjoy the delicious taste!	A drop or two on your fingers and rub through the hair. Perfumed hair was often used because they did not wash their hair frequently.
 A drop placed in the hands rub hands together and cup over nose for a joyful, uplifting feeling. 	Used as mouthwash. A drop placed in water, swish in the mouth, and gargle for a delicious and effective mouthwash.
 Put a drop in a glass of water and shake it up (to disperse the oil) for a protecting & refreshing drink. You may just find it curbs your desire for sugar! Also taking it internally may help with fungal problems! 	Used in cooking. For example, add a drop or two to yams.
Add a drop to hot chocolate and enjoy!	Add a drop or two to hot water, stir, and drink to take away the chill.
Mixed with olive oil to heal boils, ringworm, and fungal infections.	•

Appendix 144 Oils of the Bible Cont.

CEDARWOOD* (*Cedrus atlantica*) steamed distilled from bark. Produced mainly in Morocco, it is the species most closely related to the cedars of Lebanon. Of all essential oils, cedarwood is highest in sesquiterpenes, which are oxygen-delivering molecules capable of crossing the blood-brain barrier. Scriptures: Leviticus 14:4, 6, 49, 52; Numbers 19:6

Historical uses:

Diffuse or inhale from bottle to enhance prayer and meditation.	 A drop of oil in your palms and then cup them over your nose and mouth. Inhale, breathing deeply to help with mental clarity.
Used as an effective insect repellent).	 A drop to a cotton balls and place in drawers to repel insects.
Egyptians used 1-3 drops rubbed into the scalp may help to inhibit hair loss.	 A drop or two rubbed on wounded skin may help to clean, disinfect and protect from infection.
 Rub a drop or two on the chest area to help relieve symptoms of (difficult breathing) bronchitis. 	Applied to help with sleep.
 Can help restore hair loss. 	•

CYPRESS* (Cupressus sempervirens) steam distilled from seeds. The oil of Cypress has been used since ancient times for purification and as incense.

Scriptures: Genesis 6:14; Isaiah 41:19; 44:14; I Kings 9:11; Song of Solomon 1:17

Historical uses:

TOWN EDUCATION	
 Used to help with healing cuts and healing of scars. 	Used for relieving the pain of arthritis.
Apply Cypress neat or diluted on location to ease cramping.	 Apply a drop of Cypress to a minor injury to facilitate healing and prevent infection.
Used around the nasal area to help control a nosebleed.	 Increases white corpuscle production and enhances immune function.
Applied as an insect repellent.	 Used to help relieve acute chest discomfort.

EXODUS II

Ancient blend of oils

This mixture of oils contains the Holy Anointing blend of Exodus 30 plus several other Biblical oils. The intent behind this blend of oil was to calm the spiritual and emotional portions of the brain and to enhance the body's ability to expel disease and dead tissue. Research indicates that these aromatics were used by Moses to protect the Israelites from a plague. Modern science shows that these oils contain immune-stimulating and antimicrobial compounds. This blend contains Cassia (Cinnamomum cassia), Hyssop (Hyssopus officinalis), Frankincense (Boswellia carteri), Spikenard (Nardostachys jatamansi), Galbanum (Ferula gummosa), Myrrh (Commiphora myrrha), Cinnamon Bark (Cinnamomum verum), and Calamus (Acorus calamus) with a carrier oil of olive oil.

Appendix 145 Oils of the Bible Cont.

Historical uses:

Anthrax	Influence	
Hepatitis	Blisters	
Bronchitis	Boils Blister	
Pneumonia	Breathing Problems	
Gingivitis	Colds	
Bacterial Infection	Cramps	
Viral Infection	Emphysema	
Sleep Disorder	Grief	
Seizures	Nausea	
Plagues		

FORGIVENESS

Modern blend of Aromatic Oils

Forgiveness is a blend of aromatic oils that contain several of the Scripture oils. This blends ingredients consists of Rose (Rosa damascena), Melissa (Melissa officinalis), Helichrysum (Helichrysum italicum), Angelica (Angelica archangelica), Frankincense (Boswella carteri), Sandalwood (Santalum album), Lavender (Lavandula angustifolia), Bergamont (Citrus bergamia) Geranium (Pelargonium garaveolens), Jasmine (Jasminum officinale), Lemon (Citrus Limon), Palmarosa (Cymbobogon martinii), Roman Chamomile (Chamaemelum nobile), Rosewood (Aniba rosaeodora) and Ylang Ylang (Cananga odorata).

Historical Uses:

- · Spiritual uplifting.
- · Helps clear he heart of resentment

FRANKINCENSE* (Boswellia carteri) steam distilled from resin. It's a generational tree that takes forty years to produce its first resin. One of the gifts of the wise men to our Savior, frankincense would have been rubbed all over the body of the baby. Egyptian tradition says that "Frankincense is good for everything from gout to a broken head" or in other words "good from head to toe". If in doubt, use Frankincense. Other names for frankincense are "olibanum" or "Oil from Lebanon". Scriptures: Exodus 30:34; Leviticus 2:1, 5:11, 6:15, 24:7; Numbers 5:15; I Chronicles 9:29; Nehemiah 13:5, 9; Song of Solomon 3:6; 4:6, 14; Isaiah 43:23; 60:6; 66:3; Jeremiah 6:20; 17:26; 41:5; Matthew 2:11; Revelation 18:13

Historical Uses:

Historical Oscs.	
Used on wounds to stop infections.	 It was placed on an insect bite to help reduce swelling and speed healing.
It was used improve concentration.	 Spiritual oil that enhanced and promoted emotional and spiritual feeling.
Diffused to elevate mood.	 Often applied on onto each foot at night to help with sore feet.
 Rubbed on shoulders stomach and bottoms of feet to help with low mood induced insomnia. 	Egyptians used it to the abdomen to help remove stretch marks.

Appendix 146 Oils of the Bible Cont.

0.00	A key ingredient in the holy anointing oils	•
	and the oil that stopped Biblical Plagues.	

GALBANUM (*Ferula gummosa*) steam distilled from resin derived from stems and branches. Galbanum was valued for its medicinal and spiritual qualities Scriptures: Exodus 30:24

Historical uses:

- Galbanum on the bottom of each foot to help bring emotional balance.
- · Uses as incense and for embalming.
- Combined with frankincense as holy incense.
- Used for treating wounds and, inflammation.
- Used in the tabernacle during sacrifices.
- Applied as oil to help with skin disorders.

HARMONY

Modern blend of Aromatic Oils

Harmony is a blend of oil containing several species mentioned in the Scriptures and/or used in Biblical times. This blend contains Geranium (*Pelargonium graveolens*), Rosewood (*Aniba rosaeodora*), Lavender (*Lavandula angustifolia*), Sandalwood (Santalum album), Frankincense (*Boswellia carteri*), Orange (*Citrus sinensis*), Lemon (*Citrus Limon*), Angelia (Angelica archangelica), Hyssop (*Hyssopus officinalis*), Spanish Sage (Salvia *lavandulifolia*), Jasmine (Jasminum officinale), Roman Chamomile (Chamaemelum nobile), Bergamot (Citrus bergamia), Ylang Ylang (Cananga odorata), Palmarosa (Cymbobogon martinii), Rose (Rosa damascena) and Spruce (*Picea mariana*).

Historical Uses:

- Used to uplift and elevate the mind creating a positive attitude.
- Particularly effective to diffuse with groups

HYSSOP* (Hyssopus officinalis) steam distilled from stems/leaves. It has a very long history as a cleansing herb.

Scriptures: Exodus 12:22; Leviticus 14:4, 6, 49, 51, 52; Numbers 19:6, 18; I Kings 4:33; Psalm 51:7; John 19:29; Hebrews 9:19

Historical uses:

•	Used to prevent the Plague.		Applied to help with arthritis pain.
•	Used to help with congestion and coughs.	•	When rubbed on stomach as method of reducing cramp and expelling gas.
•	Applied on shoulders to reduce tension.	٠	Incense used to loosen up a tight chest, inhale; it's highly expectorant.

Appendix 147 Oils of the Bible Cont.

20th century physicians who used herbs in the United States used hyssop oil to soothe burned skin.	 Used in bathwater for nervous exhaustion, melancholy or grief.
 Applied on wounds or on injured area to help prevent scarring. 	•

JOY

Modern Blend of Aromatic Oils

Know for its mood elevating aromatic ability. This aroma is known to bring back memories of being love, being held and sharing experiences that trigger our memory. This blend of oils commercially available that has been named joy. It contains several uplifting oils in use during Biblical times. These include Rose (Rosa damascena), Bergamot (Citrus bergamia), Mandarin (Citrus reticulata), Ylang Ylang (Cananga odorata), Lemon (Citrus limon), Geranium (Pelargonium graveolens) Jasmine (Jasminum officinale), Palmarosa (Cymbopogon martinii), Roman Chamomile (Chamaemelum nobile) and Rosewood (Aniba rosaeodora). Joy oil is known for its mood elevating aromatic ability. This aroma is known to bring back memories of being loved, being held and sharing experiences that trigger our memory. The truth is that many oils used in Biblical times were mood elevating.

Historical uses:

Apathy	Argumentative emotionally
Cancer	Depression
Deodorant	Sadness
Despair	Disappointments
Balance emotions	Mood Swings
Stress	Triod 5 Wings

MYRRH* (Commiphora myrrha) steam distilled from gum/resin and grown in Somalia. Has one of the highest levels of sesquiterpenes, a class of compounds that has direct effects on the hypothalamus, pituitary and amygdala, the seat of our emotions.

Scriptures: Genesis 37:25; 43:11; Exodus 30:23, 34; Esther 2:12; Psalm 45:8; Proverbs 7:17; Song of Solomon 1:13; 3:6; 4:6, 14; 5:1, 5, 13; Matthew 2:11; Mark 15:23; John 19:39; Revelation 18:13

Historical uses:

 Used in religious rituals. 	Used in embalming.
Applied to as an oil to soften skin.	 Incensed was burned during childbirth.
 Applied on umbilical cords to prevent infection. 	 Applied on wounds to promote healing and prevent infection.

MYRTLE* (Myrtus communis)

Appendix 148 Oils of the Bible Cont.

Obtained from shrubs and trees and steam distilled. The Hebrew name for Queen Esther was Hadassah which means myrtle.

Scriptures: Nehemiah 8:15; Isaiah 41:19; 55:13; Zechariah 1:8, 10, 11

Historical uses:

 Used as a food flavoring. 	Incense used to help with congestion.
 Honey and one drop of oil for a cough. 	Used to stop diarrhea.
Inhaled to open sinus.	Used with olive oil for hemorrhoid relief.

ONYCHA* (*Styrax benzoin*) extracted from the resin. Other names for onycha are "benzoin", "friar's balm" and "Java frankincense". Tincture of benzoin was an antiseptic used in hospitals for more than a hundred years (since the mid-1800s).

Scriptures: Exodus 30:34

Historical uses:

 Onycha was valued anciently for its ability to speed healing of wounds and to help prevent infection. 	 Applied to open wounds to speed healing and help prevent infection.
 Applied to a wound to help slow bleeding. 	 Rubbed on the stomach to help ease gripping pains.
 Applied to chapped or cracked skin to help speed healing. 	•

ROSE OF SHARON/CISTUS* (*Cistus ladanifer*) is also known as rock rose. Steam distilled from leaves.

Scriptures: Song of Solomon 2:1

Historical uses:

Applied to places of concern for arthritis.	Used as an insecticide.
 Used for helping to reduce fever. 	Diffused for colds.
Applied for headaches.	 Applied as a wound antiseptic and for deodorizing.

SPIKENARD* (Nardostachys jatamansi) steam distilled from roots. Spikenard has also been known as "nard" and "false Indian Valerian root" oil. It was prized in early Egypt and in the Middle East during the time of our Savior.

Scriptures: Song of Solomon 1:2; 4:13, 14; Matthew 26:7; Mark 14:3; Luke 7:37; John 12:3

Appendix 149 Oils of the Bible Cont.

Historical uses:

 Know as a skin tonic for rough or wrinkled skin. 	 Used with olive oil for help with hemorrhoids.
 Aromatic sent was known for its soothing effects. 	Rubbed on the stomach to help with digestive problems.
Apply as a perfume or use for a deodorant.	 Applied to feet and crown of head to help ground and balance the mind and stimulate a feeling of courage and power.
 Used on wounds and cuts to help disinfect and speed healing. 	•

THREE WISE MENTM

Modern Blend of Aromatic Oils

This oil is scriptural origin and is commercially available today. It contains the following oils: Sandalwood (Aloes) (Santalum album), Myrrh (Commiphora myrrha), Juniper (Juniperus osteosperma), Frankincense (Boswella carteri), Spruce (Picea mariana), and Almond oil as a base. This oil has a history of use for the purpose of opening the subconscious mind through pineal stimulation to help release deep-seated trauma. The aromatic particles bring a sense of grounding and uplifting through emotional releasing and elevated spiritual c awareness.

Historical uses:

Colitis	Emotional Trauma
Bacterial infections	Mucus
Shock	Skin ulcers
Throat infections	Yeast infections
Balance emotions	•

THIEVES®

Ancient Blend of Aromatic Oils

This is a blend of oil that has been retraced in use historically to the 15th century. The oils used in this blend are highly anti-viral, antiseptic properties of the singe oils contained in this blend help protect us from the onset of flu, colds, etc. More recent studies show this oil has demonstrated its killing power against airborne microorganisms. It contains the following oils Clove (Syzygium aromaticum), Lemon (Citrus limon) Cinnamon Bark (Cinnamomum verum), Eucalyptus Radiata (Eucalyptus radiata), and Rosemary (Rosmarinus officinalis).

Historical uses:

Blisters	Colds
Canker sores	• Flu
Edema	Mold
Toxic Chemical Absorption	Chicken pox
Sinus infection	Spider Bite
Tick bites	Malaria

Appendix 150 Oils of the Bible Cont.

Sore throat	Whooping Cough
Liver disorders	Thrombosis stroke

VALOR®

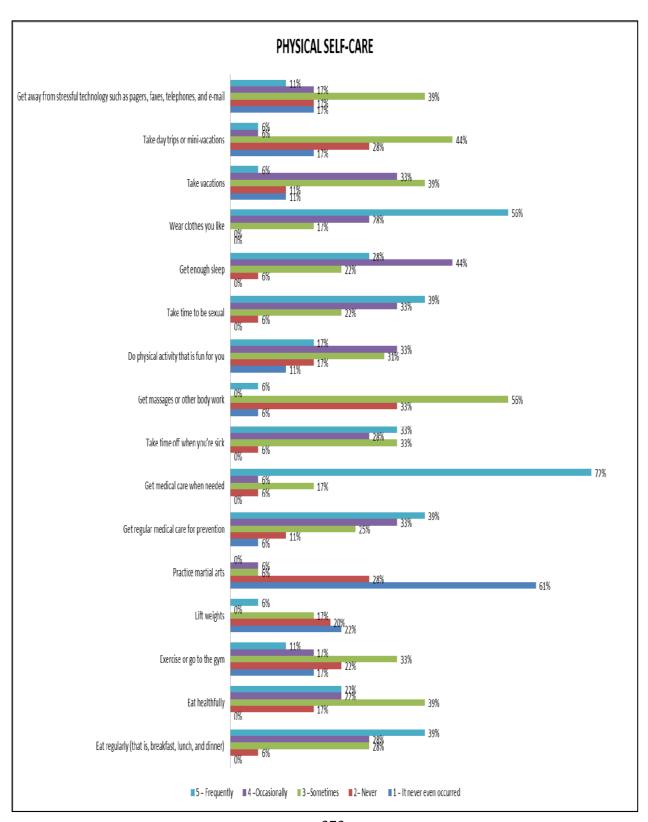
Ancient blend of aromatic oils

This is a blend of oils that came from studying what the Roman soldiers used during Biblical times. The Romans discovered that these oils could be applied to their feet and shoulders and would give them courage. With such fearlessness the Romans conquered the western World. The Romans found that this blend of oils properties would stimulate the spine to self-correct sometimes by just smelling it briefly. This oil blend contains Spruce (*Picea mariana*), Rosewood (*Aniba rosaeodora*), Blue Tansy (*Tanacetum annuum*) and Frankincense (*Boswellia carteri*).

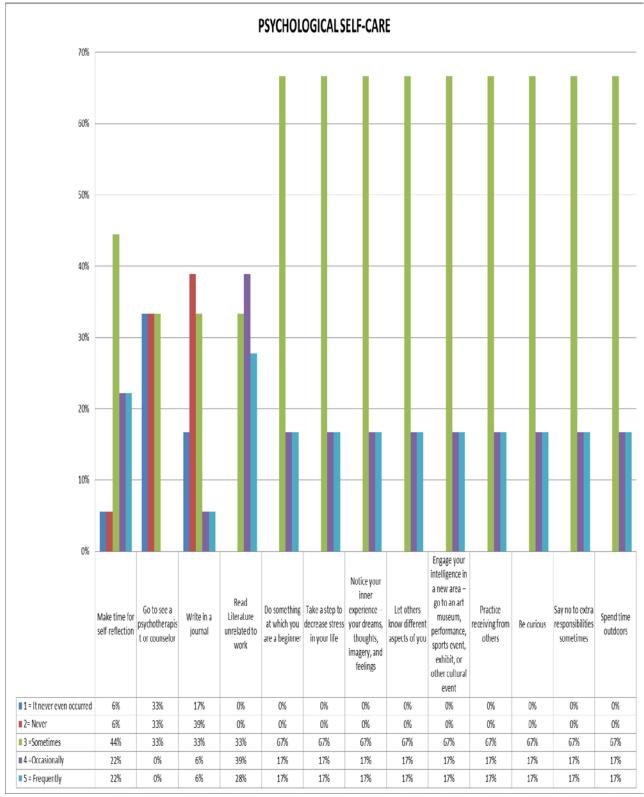
Historical uses:

Place on the bottom of feet to self- correct spine.	Balance the body's electrical energies.
Enhances spiritual well-being.	Anti-tumerol
Apathy	Apnea
Back Pain	Courage
Endocrine System Support	Feeling Betrayed
Herniated Disk	Restlessness
Muscle Pain	Overcoming Fear
Sadness	Depression
Sciatica	Broken Heal
Self-esteem	Shock

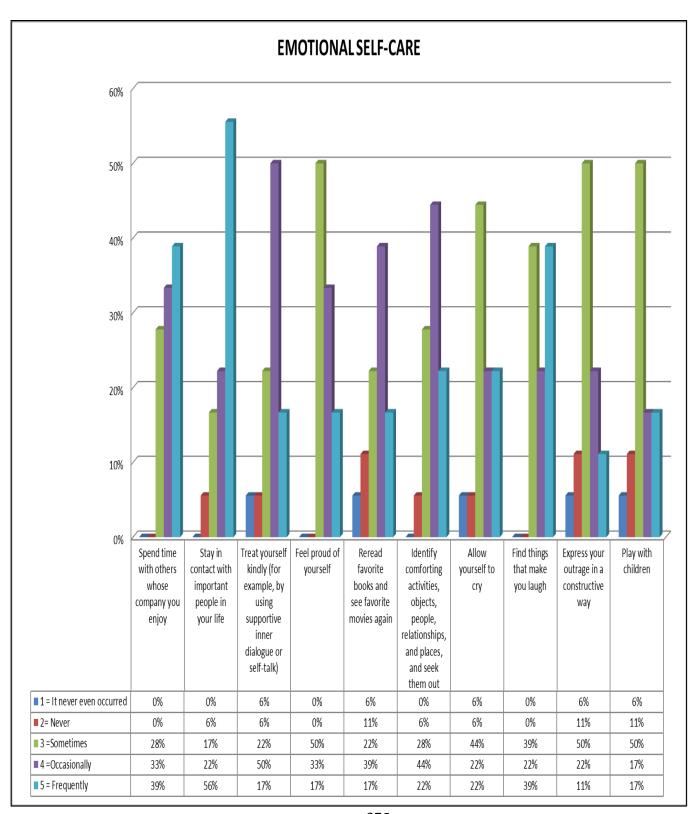
Appendix 151 Physical Self-Care Analysis



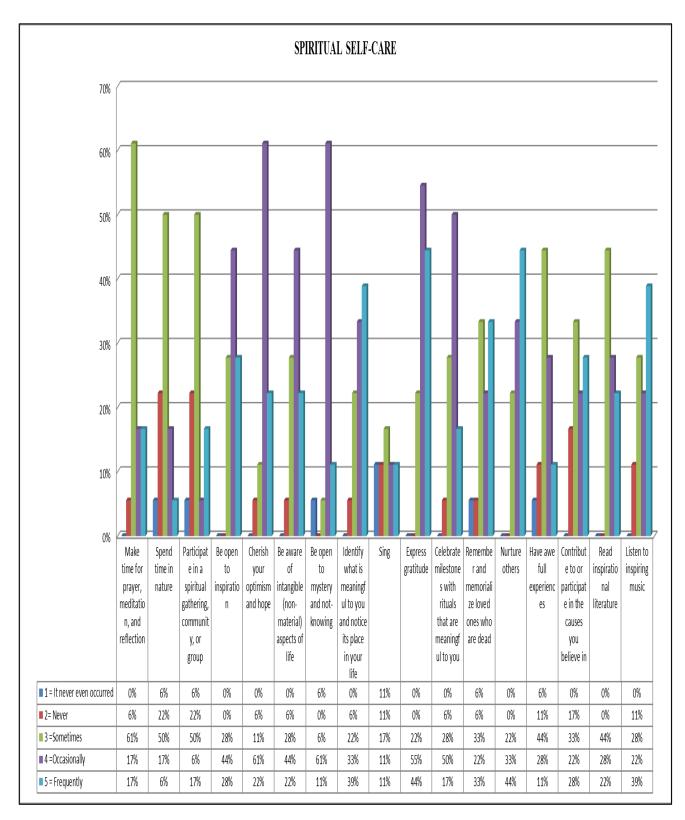
Appendix 152 Psychological Self-Care Analysis



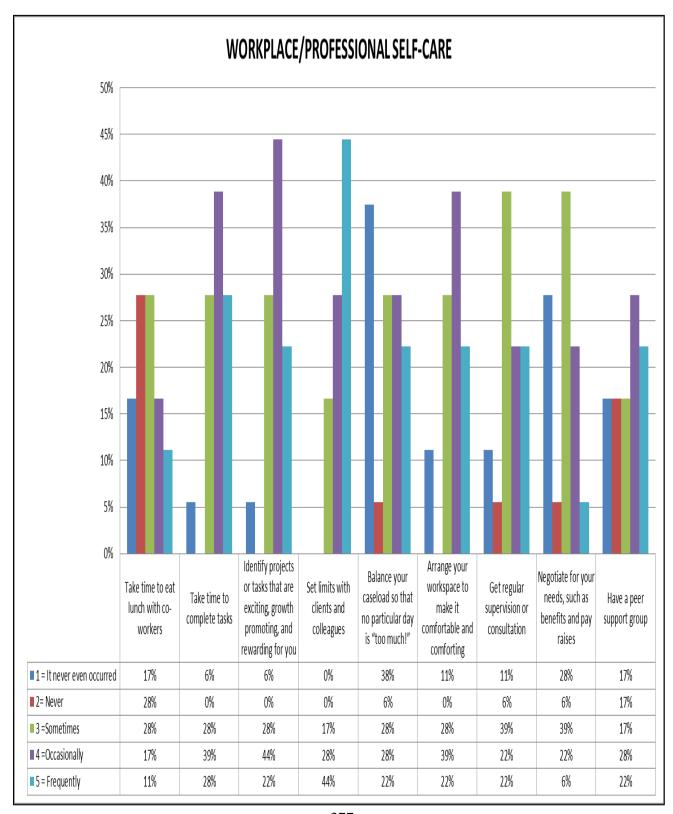
Appendix 153 Emotional Self-Care Analysis



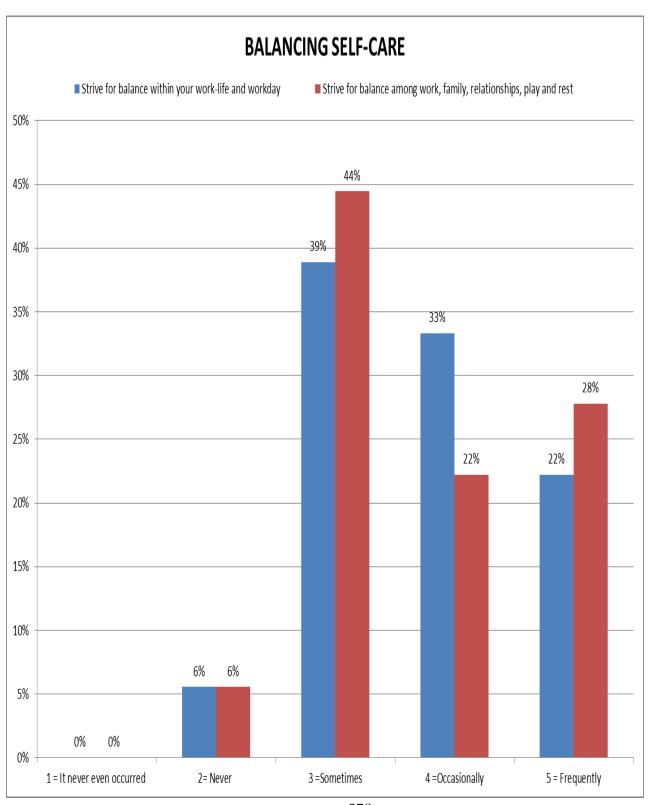
Appendix 154 Spiritual Self-Care Analysis



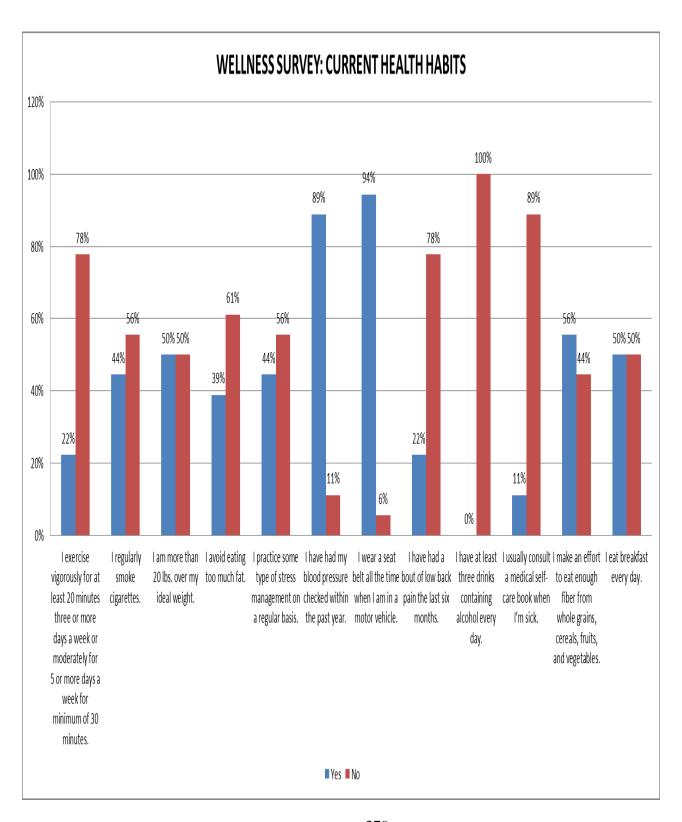
Appendix 155 Workplace/Professional Care Analysis



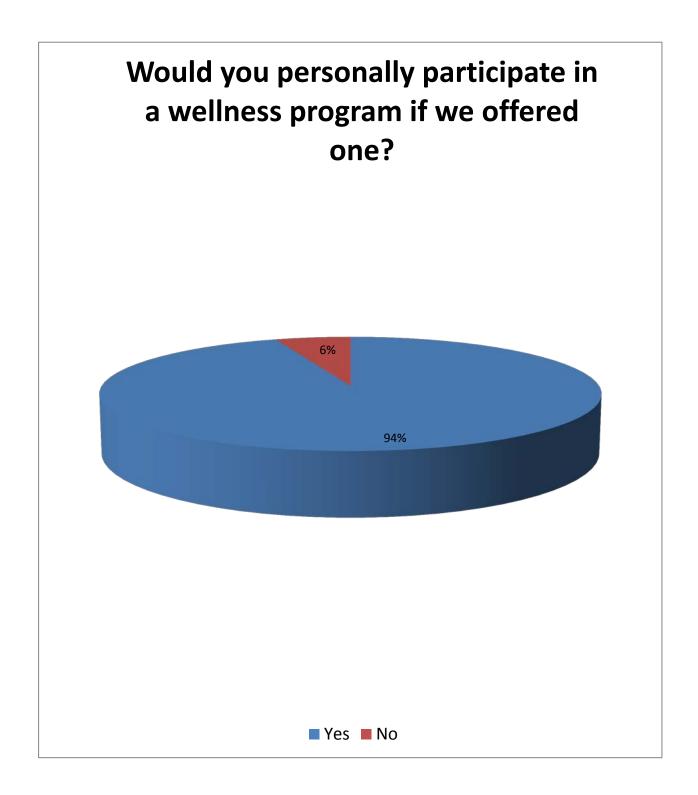
Appendix 156 Balancing Self-Care Analysis



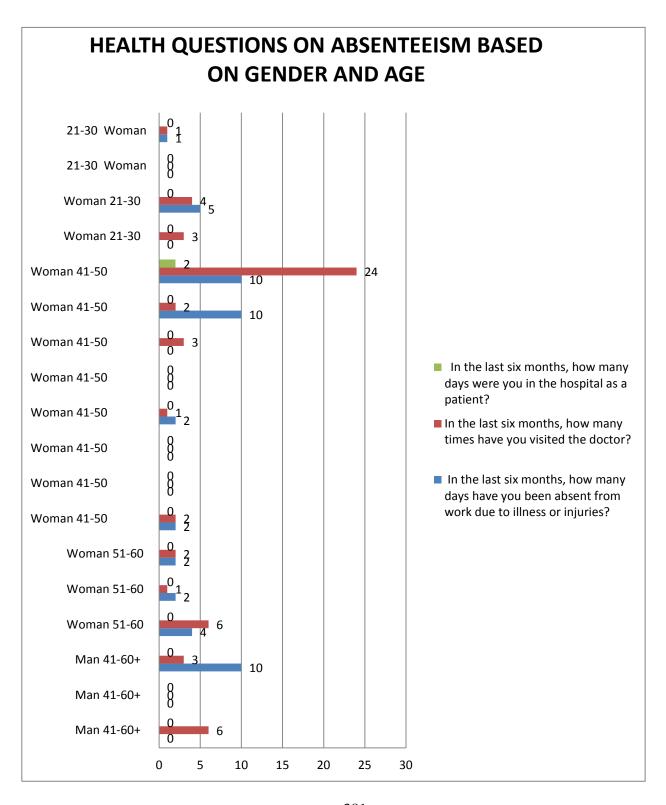
Appendix 157 Wellness Survey-Current Health Habits Analysis



Appendix 158
Trainees Response to Wellness Program Analysis



Appendix 159
Absent due to Illness, Injuries, Doctor Visit or Hospitalized within the past 6 months



Appendix 160 Employee Wellness Center Survey

EMPLOYEE WELLNESS CENTER SURVEY				
We are examining the possibility of developing an employee wellness program, and would like to learn about your interest in wellness and health related activities. Please take a few minutes to complete this survey. Please check those items that apply.				
Tell Us About yourself!				
I. Male	☐ Female			
II. Age Group: (Please check the age group in that you belong.)				
☐ Under 21 ☐ 21-30 31-40 ☐ 41-50 ☐ 51-60 ☐ 60	0+			
III. Your worksite:				
Your Current Health Habits: The following questions are about your curre				
I exercise vigorously for at least 20 minutes three or more days a	Yes No	Complete if Appropriate I would if:		
week or moderately or 5 or more days a week for minimum of 30 minutes.				
2. I regularly smoke cigarettes.		I would stop if:		
3. I am more than 20 lbs. over my ideal weight.		I would lose weight if:		
4. I avoid eating too much fat.		I would if:		
5. I practice some type of stress management on a regular basis.	0 0	I would if:		
 I have had my blood pressure checked within the past year. 	0 0	I would if:		
7. I wear a seat belt all the time when I am in a motor vehicle.		I would if:		
8. I have had a bout of low back pain the last six months.		I would do more to prevent it if:		
9. I have at least three drinks containing alcohol every day.		I would drink less if:		
I usually consult a medical self-care book when I'm sick.	0 0	I would if:		
 I make an effort to eat enough fiber from whole grains, cereals, fruits, and vegetables. 		I would if:		
12. I eat breakfast every day.		I would if:		
13. If you could receive written information for three of the health topics listed below, which three would you select? Check only four!)				
☐ Tips for reducing cholesterol	☐ Prevention of sexually transmitted disease	☐ Vitamin Facts		
☐ Information on AIDS	☐ Preventing carpal tunnel disorder	☐ Prescription drug tips		
☐ Weight management techniques	☐ Sleep disorders	☐ Low salt tips		
☐ Starting a walking program	☐ Recreational safety	☐ Heart disease prevention		
☐ Spiritual wellness	☐ Eldercare Issues	☐ Cancer detection prevention		
☐ Health effects of cocaine use	☐ Testicular exam for cancer	☐ Diabetes		
☐ Alcohol tips	☐ Personal violence protection	☐ Nutrition and cancer prevention		
☐ Asthma management	☐ Dealing with depression	☐ Hospitalization kit		
☐ Starting to exercise	☐ Parenting tips	☐ Smoking reduction tips		
☐ Avoiding sports injuries	☐ Controlling high blood pressure	☐ Breast self-exam		
☐ Stress reduction tips	☐ Headache prevention	☐ Men's health		
*2006 WELLNESS COUNCILS	OF AMERICA WWW.WELCOA.ORG. ABSOLUTE	ADVANTAGE		

Appendix 161 Employee Wellness Center Survey Cont.

☐ Nutritious cooking tips	☐ Preventive dentistry	☐ Women's health		
☐ Medical self-care	☐ Auto Safety	☐ Use of Antioxidants		
☐ Dealing with your doctor	☐ Back Care	□ PMS		
☐ Pre-menstrual tension tips	☐ Foot care	☐ Health issues for shift workers		
☐ Questions for your doctor	□ VDT safety	☐ Resiliency		
☐ Second-hand smoke	☐ Home safety			
14. Would you personally participate in a wellness program if we offered one? ☐ Yes ☐ No				
15. Would you participate in any of the following wellness activities on a re	gular basis if they were offered at work? (Check	all those that apply.)		
☐ Aerobic exercise classes	☐ Parenting skills and support	☐ Nutritional pot-luck		
☐ Weight management program	☐ Consumer health training session	☐ Blood test for cholesterol		
☐ Confidential health screening	☐ Watch enjoyable movies during lunch	☐ Workshop on self-esteem		
☐ Sports league activity	☐ Medical self-care training	☐ Join a support group		
☐ Health fair	☐ Monthly Wellness seminar	☐ Complete a person fitness contract		
☐ Fitness or Wellness contest	☐ Smoking cessation program	☐ Annual health management session		
☐ Walking event or club	☐ Blood pressure screening			
16. If you would like to volunteer to help with the program, please write yo	, ,	you might have, in the space provided.		
Name:		Work Unit:		
Phone:		E-Mail Address:		
Your wellness interests:		E-iviali Addiess.		
17. Which of the following categories would you place yourself? (Please of	heck only one!)			
☐ I'm not interested in pursuing a healthy lifestyle.				
☐ I have been thinking about changing some of my health behaviors.				
☐ I am planning on making a health behavior change within the next 30 d	ays.			
☐ I have made some health behavior changes but I still have trouble folk	owing through.			
☐ I have had a healthy lifestyle for years.				
18. In the last six months, how many days have you been absent from word 19. In the last six months, how many times have you visited the doctor?	k due to illness or injuries?			
20. In the last six months, how many days were you in the hospital as a pat	ient?			
21. Any additional comments or suggestions for a wellness program for em				
Thanks for completing this survey!				
*2006 WELLNESS COUNCILS OF AM	ERICAWWW.WELCOA.ORG.	 ABSOLUTE ADVANTAGE		

Appendix 162 Interview Questions

- 1. What is your name?
- 2. What is your title at J-CAP?
- 3. How long have you worked at J-CAP?
- 4. Do you have any previous background as a clinical counselor?
- 5. As a clinical counselor, are there any credentials and/or licenses required?
- 6. Do you hold these credentials/licenses?
- 7. What is the patient-to-counselor ratio?
- 8. Does the program address a full range of needs to help the individual including medical, psychological, spiritual, social, and health wellness issues?
- 9. What type of support does the program have for staff?
- 10. What is the environment like at the facility?
- 11. Do you feel stressed and/or burnout?
- 12. What do you do to reduce stress and burnout?
- 13. How would you perceive an on-site wellness center at J-CAP?
- 14. Would you participate in the program?
- 15. Is there anything else you would like me to know about you?
- 16. If you had to define yourself without using your educational credentials, job status or family status, i.e., mother, father, wife, husband, child, etc., economic, race, or any other materialistic items, how would you define yourself?

Appendix 163 Retreat Flyer

PUT IT ON YOUR CALENDER!

Spiritual Retreat

September 20-22, 2013



RELAX, FREE YOUR MIND & BE AT PEACE!





You are invited to attend a free and all inclusive spiritual retreat, for the weekend on the above date in Hunter, New York.

There will be a workshop on

PEACE OF MIND!



For additional information contact

Felicia Y. Pinckney-Bullock, BA, M.A., M.Div. bullockmab520@aol.com

Cell #: (347) 207-9518

Appendix 164 Brahma Kumaris Pamphlet

Brahma Kumaris Worldwide

The Brahma Kumaris World Spiritual University (Brahma Kumaris World Spiritual Organization in the USA) acknowledges the intrinsic goodness of all people. We teach a practical method of meditation that helps individuals understand their inner strengths and values.

A worldwide family of individuals from all walks of life, we are committed to spiritual growth and personal transformation, believing them essential in creating a peaceful and just world.

Acknowledging the challenges of rapid global change, we nurture the well-being of the entire human family by promoting spiritual understanding, leadership with integrity, and elevated actions towards a better world.

Today there are hundreds of thousands of students attending thousands of Brahma Kumaris meditation centers in over one hundred countries.

Courses and Programs We Offer

- · Raja Yoga Meditation*
- · Positive Thinking
- · Stress-Free Living
- Leadership
- Women's Programs

*Raja Yoga Meditation is grounded in a core knowledge of the soul, its connection and relationship with God, and the spiritual laws of action and reaction. It connects the inner world of thoughts, feelings, and ideas to the outer world of actions and relationships. The result of this practice builds mental and emotional capacity.

Through these courses and workshops, individuals develop a strong spiritual context within which to live a practical and fulfilling life.

International Locations

World Headquarters

Pandav Bhawan, PO Box 2 Mount Abu 307501 Rajasthan, India 91-2974-238261-68 abu@bkwsu.org

International Coordinating Office

Global Cooperation House 65-69 Pound Lane London NW 10 2HH 44-20-8727-3350 london@bkwsu.org

Regional Coordinating Office (Americas)

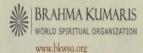
Global Harmony House 46 South Middle Neck Great Neck, NY 11021 (516) 773-0971 newyork@bkwsu.org

Peace Village

Learning & Retreat Center

PO Box 99 54 O'Hara Road Haines Falls, NY 12436 (518) 589-5000 peace-village@bkwsu.org

All Brahma Kumaris programs are offered as a community service. Contributions are welcome.



The Brahma Kumaris World Spiritual Organization



Appendix 165 Brahma Kumaris Pamphlet Cont.



When the University came into being in 1936, it consisted of only a handful of men, women, and children living in Hyderabad, Sindh, in India.

These spiritual pioneers were inspired to transform their lives.



In 1950, the community moved to Mount Abu, a quiet place reputed for its ancient heritage and regarded as a sacred destination by many in search of spiritual rejuvenation and empowerment. Nestled high in the Aravali Mountains of Rajasthan, it provided an ideal location for reflection and contemplation. This site remains the University's world headquarters and is called Madhuban, which means Forest of Honey.

Founder 'Brahma Baba'

In 1876, Dada Lehkraj, later to be lovingly known as Brahma Baba, was bom into a humble home as the son of a village schoolmaster. He grew up to be a respected, wealthy, and philanthropic member of the community. At the age of 60, while spending more

time in reflection and solitude, he experienced a series of powerful visions which gave new insights into the innate qualities of the human soul, the mysterious entity of God, and the process of world transformation. The truth in the message inspired him to dedicate himself to understanding the significance and application of this revealed knowledge.

Brahma Baba spent the last 33 years of his life bringing people of all cultural, economic, and religious backgrounds together to rediscover and develop the spiritual dimension of their lives.

Brahma Baba did not play the role of guru. He actively discouraged that perception and directed everyone's attention to God, whom he recognized as the primary inspiration for the Brahma Kumaris and their work.

Leadership

When Brahma Baba passed from this life in January, 1969, he turned over the legacy of the. organization to Dadi Prakashmani, who served as the Chief Administrative Head until she passed away in August, 2007. Dadi Janki is the current Administrative Head, assisted by Dadi Gulzar and Dadi Ratanmohini. These spiritual leaders, who came to the organization as young girls, have gained the wisdom needed to lead a



Dadi Gulzar Dadi Prakashmani Dadi Janki

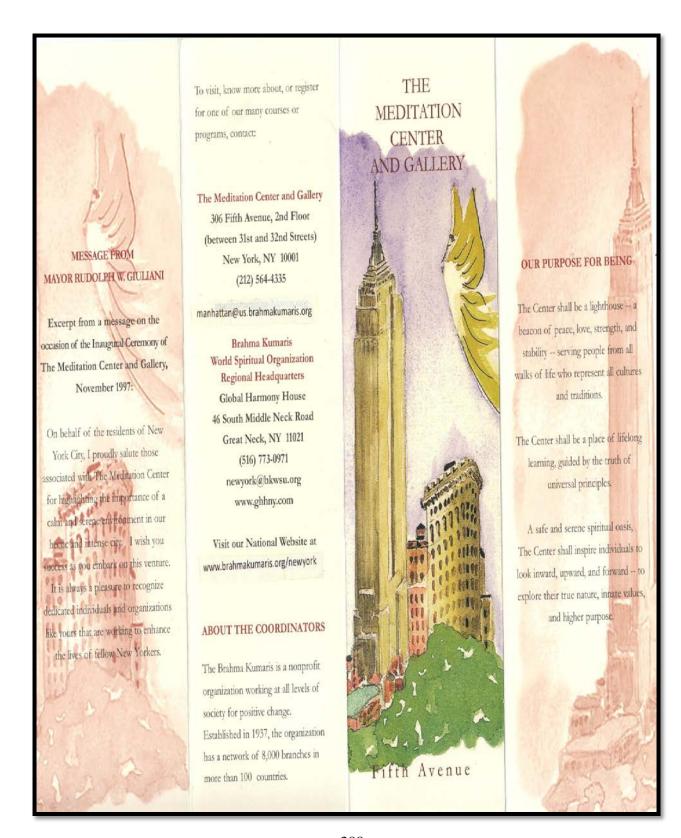
worldwide organization that models a new way of being in the world. Now in their eighties and nineties, these women, fondly called Dadis (elder sisters), serve as seniors who are keepers of the original wisdom imparted through Brahma Baba. In their company, what becomes clear is their total dedication to God and their absolute commitment to world service.







Appendix 166 Pamphlet Meditation Center and Gallery at 5th Avenue



Appendix 167 Pamphlet Meditation Center and Gallery at 5th Avenue

CONTEXT

The Brahma Kumaris recognizes the intrinsic worth and goodness of every human being and helps people rediscover these attributes through a process of lifelong learning.

This process of lifelong learning includes:

- a practical method of meditation which helps individuals to achieve peace of mind, develop their full personal potential, and interact with others in a constructive and fulfilling way;
- a simple and natural lifestyle through which the quality of life is upheld with dignity and respect;
- a deeper sense of self-dignity, enhanced self-esteem, and inner strength.
- The activities offered are designed to involve people in identifying spiritual, moral, and ethical values and to provide the understanding necessary to improve the quality of family, community, and professional life.

LEARNING FOR LIFE

Learn about the self

The moment you live something, you are teaching it whether you want to or not.

Self sufficient and secure, you are a positive influence! With an improved level of selfunderstanding comes the awareness of how behavior and lifestyle -- including diet, routine, responsibilities, and selationships -- can complement and enhance spiritual development in daily life.

Learn about people

There will always be the opportunity to learn about others for those who desire it.

Inspired by the vision of a world where people live in harmony with others, the Meditation Center is a meeting place of shared core values and understanding. The ongoing spiritual study and its practical application are done in the company of people of all ages, cultures, faiths, and traditions.

Learn about universal truths

Truth will always reveal itself at the right moment and in the right place.

A self-guided tour of the Gallery will introduce you to some of the knowledge and concepts that are spiritual in nature and have been grappled with from generation to generation -- soul, God, consciousness, reincarnation, karma, time, and creation.

Learn about silence

When you start with a moment of silence, even the most crowded of schedules runs more smoothly.

In contrast to the extremely busy and stressful environment of New York City, the Meditation Room is a calm and peaceful oasis for New Yorkers and tourists alike.

Whenever you feel the need to go within come into the quiet and open your mind to unlimited possibilities.

COURSES

Foundation Course in Meditation

Gives a clear understanding of the relationship between spirit and matter, mind and body, and the interplay between soul, God, and our material world. On the basis of this understanding, one is able to practice meditation.

Positive Thinking

Provides techniques on how to direct and use the mind in a positive and focused way.

Stress-Free Living

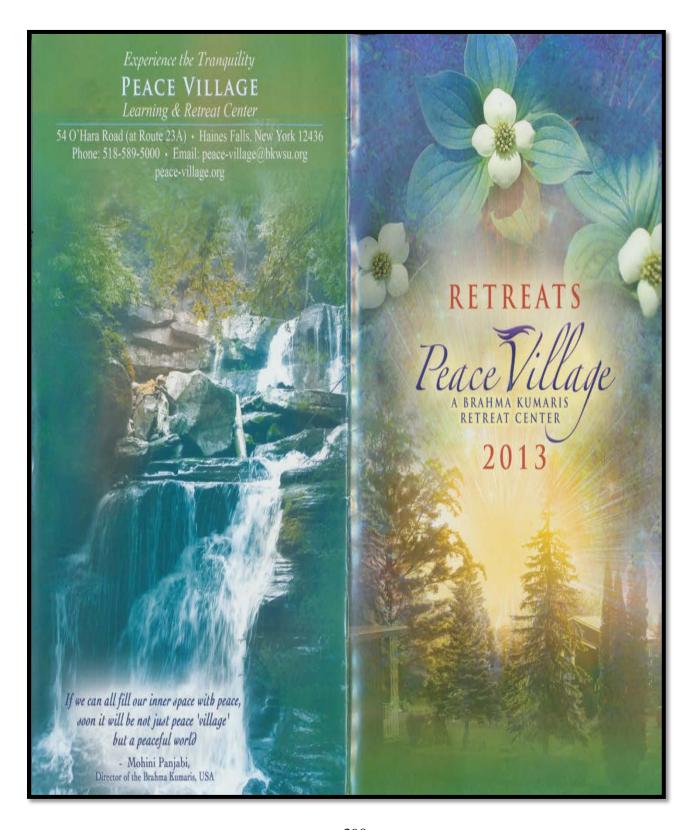
Offers concepts and techniques to understand, manage, and prevent stress.

Secrets of Self-Esteem

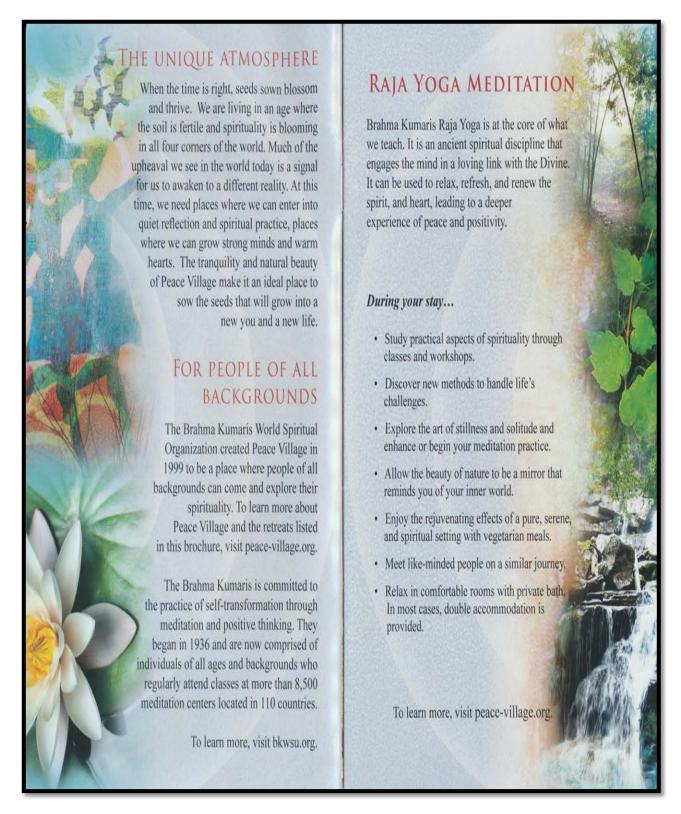
Reveals how to build and sustain selfesteem and self-worth.

All courses and programs are offered as a free community service. The organization is funded by voluntary contributions.

Appendix 168 Peace Village Retreats 2013 Calendar



Appendix 169 Peace Village Retreats 2013 Calendar



Appendix 170 Peace Village Retreats 2013 Calendar Cont.



Appendix 170 Peace Village Retreats 2013 Calendar Cont.



Appendix 171 Peace Village Retreats 2013 Calendar Cont.



Appendix 172 Peace Village Retreats 2013 Calendar Cont.



Appendix 173 Peace Village Retreats 2013 Calendar and Facilitators



Appendix 174 Peace Village Retreats 2013 Calendar Facilitators Cont.

Chris Farrell is a Grammy-nominated composer and founder of "Sounds of Peace," a record label dedicated to creating music for healing and wellness. His latest and third recording is titled Courage & Grace.

Ines Frank is an enthusiastic practitioner and teacher of Raj Yoga meditation. She works as a scientist conducting research for HIV prevention at a nonprofit organization.

Mary Friedland is a certified instructor of lyengar Yoga. She coordinates the Brahma Kumaris activities in Chicago.

Johanne Frigon is in customer service at the government level and assistant coordinator at the Brahma Kumaris center in Montreal.

Julien Gagnon is the founder of a yoga school, where he enjoys sharing his experience of spirituality.

Saurabh Gupta, PhD is a post-doctoral research fellow at General Motors R&D; his PhD in Mechanical Engineering is from the University of Michigan, Ann Arbor.

Merrillyn Hener, MSPT, is a physical therapist specializing in Integrative Manual Therapy and is a certified Reiki practitioner.

Kristina Hoefel coordinates the Brahma Kumaris activities in Ohio.

Kala Iyengar, MD, is a board certified pediatrician, a spiritual teacher for over 30 years, and the Director of Peace Village.

Tyrone Jackson is Assistant Director of Recreation Therapy & Spiritual Advisor for the Grief & Loss team at Cedar Crest Rehabilitation Center in Rhode Island.

Susan Kauderer was an elementary school teacher for 26 years. She is now a Director of an early childhood center, an author and a raja yoga meditation teacher.

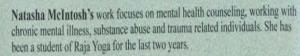
Sandhya Kanthan has a Masters Degree in Mathematics and is a Principal Analyst with a Contract Research Organization.

Arjoon Lal is an electrical engineer who has been actively involved with the Brahma Kumaris since 1998.

Indra Lal has a degree in Computer Programming, and is a Raja Yoga Meditation teacher.

Erik Larson has a degree in Civil Engineering and is a technical consultant.

Anne-Christelle Le Hir is a freelance French copywriter. She is currently completing a care practice training in energetic healing.



Nalishha Mehta works for a Washington, DC-based non-profit organization. She also serves as a youth representative for the Brahma Kumaris at the United Nations.

Irene Miller is a psychologist specializing in personal empowerment issues, leadership development, and conflict resolution.

Margo Mullein is a certified Herbalist, local Biodynamic Farm Educator, and the Founder and Director of the Soup-2-Nuts Childrens Theater Co.

Gayatri Naraine is a practicing yogi of nearly 40 years and serves as the Brahma Kumaris Representative to the United Nations in New York.

Carmen Palmer, RN, has a special interest in empowering women and healthcare professionals. She is Program Coordinator for the Point of Life Foundation.

Aarti Pappu is a Physician Assistant in Albany Medical Center in New York.

Madhavi Patale is a Raja Yoga Meditation teacher in Queens, New York. She also organizes outreach events for youth and young leaders to spiritually empower them.

Champa Patel has a degree in Microbiology. Based at Peace Village, she also teaches Raja Yoga Meditation in Poughkeepsie, New York.

Celina Pereira, MD, Adolescent Medicine, South County Hospital; also Staff Physician, University of RI Health Services.

Susan Pollock has many years experience in advertising, sales, and exhibition and event planning.

Vijay Ramdhan is an administrator. Her interest in working with people led her to work with all levels of society.

Judi Rich is a graphic designer in the field of communications.

Tanya Rich Following a career in live theater, Tanya currently enjoys exploring spirituality as a mind-body movement specialist.

Judy Rodgers is a communications strategist and writer whose projects strengthen the role of media as a constructive force.

Vijai Sadal is an educator by profession and a Raja Yoga meditation teacher in Trinidad.

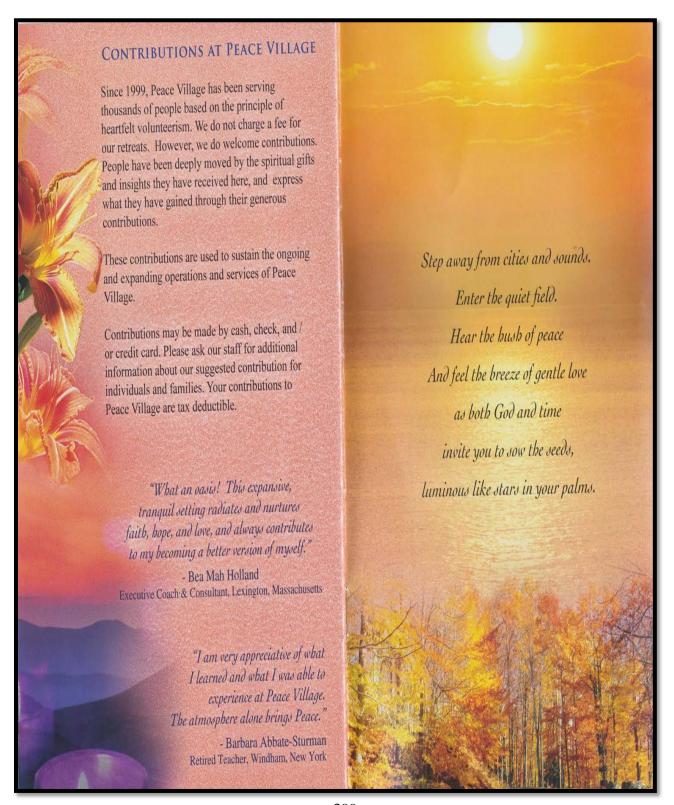
Porie Saikia-Eapen, AIA, FCIOB, VP and NYC Area Manager, CH2M Hill, is an internationally recognized speaker on sustainability, urban design, and resource development.



Appendix 175 2013 Retreats Facilitators and Additional Information



Appendix 176 Contributions at Peace Village



Appendix 177

A Quick Guide to Creating an On-Site Wellness Center in a Therapeutic Community

A Quick Guide to Creating An On-Site Wellness Center in a Therapeutic Community

By Felicia Y. Pinckney, B.A., M.A., M.DIV.

i

CREATING A WELLNESS CENTER



To create an on-site Wellness Center within a Therapeutic Community, the idea must first be perceived in one's consciousness. It requires intentionally conceiving and preceding an understanding that shows comprehension or appreciation for a need for a Wellness Center. Many scholars in various professionals have defined therapeutic communities as models based on group approaches that address mental illness, personal disorders and drug addiction. This quick reference is being created to help those persons that are desirous to create an on-site Wellness Center.

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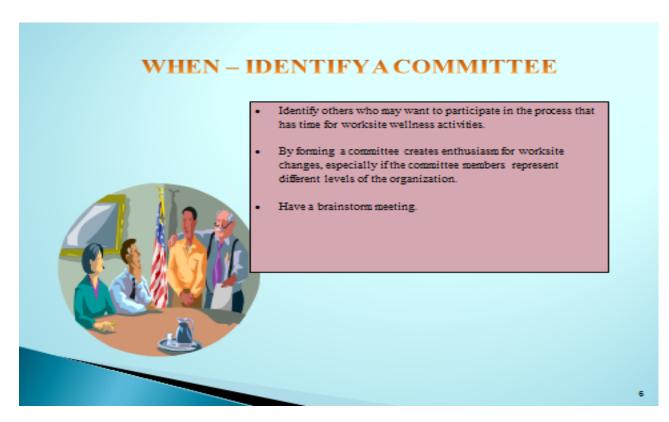
Appendix 178 Defining Wellness & Do Your Research

When it comes to defining the concept of "wellness," there is no universal meaning. It is a personal choice to describe what wellness means for an individual. However, there are many interrelated dimensions of wellness, which may consist of the following: physical, environmental, and occupational. Each dimension is equally critical in the pursuit of optimal health.

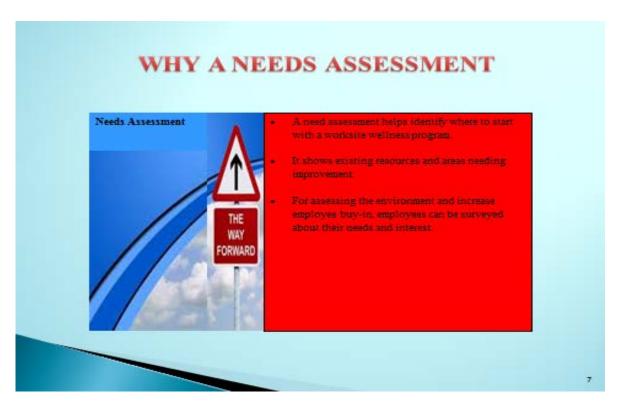


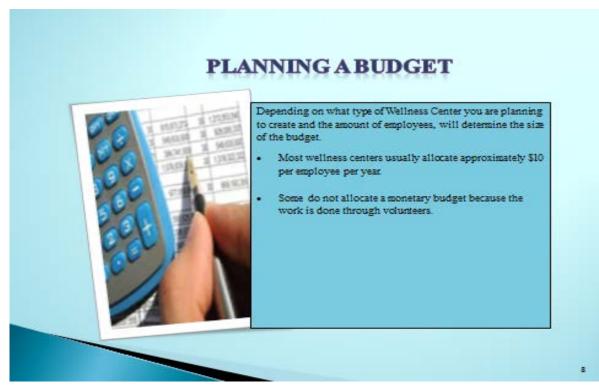
Appendix 179 Pitching Your Idea & Identify a Committee



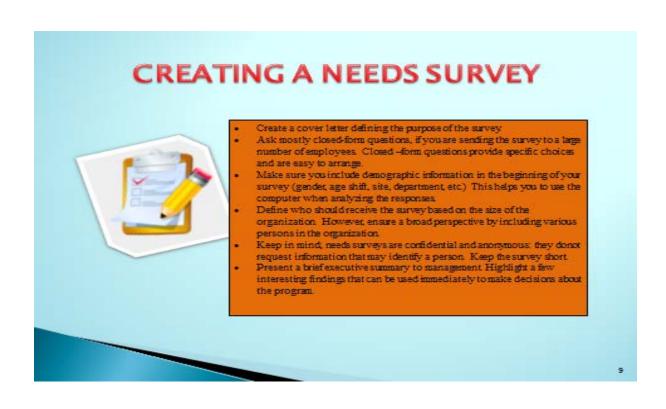


Appendix 180 Needs Assessment & Planning a Budget





Appendix 181 Creating a Needs Survey & Who Benefits





Appendix 182 Healthy Work Environments & How Employees Benefit

WHERE - HEALTHY WORK ENVIRONMENTS



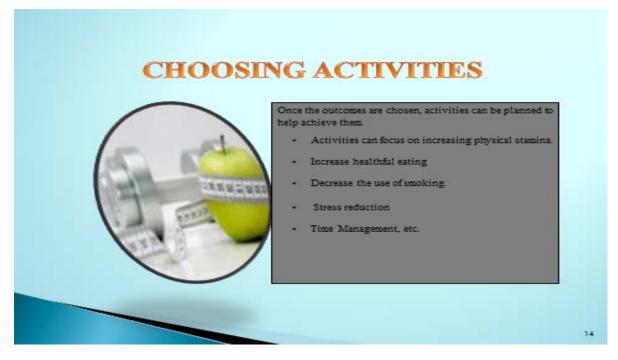
- Effective wellness programs attempt to create healthy workplace climate is one which encourages teamwork, cooperation, and empowerment of the individual.
- Provide people with the needed support to be active by encouraging each other to eat well, practice healthier lifestyles through exercising and sustaining a tobacco-free work environment.
- People have a sense of community, a shared vision, and a positive outlook. Promote and support wellness efforts within the workplace.

11

PROVEDENCE BRENIEFIT Increased knowledge about the relationship between lifestyle and health Increased opportunity to take control of their health and medical treatment Improved health and quality of life through reduction of risk factors Reduction in medical costs Reduced pain and suffering from illness and accidents

Appendix 183 Expectation of a Wellness Center & Choosing Activities

WHAT TO EXPECT OF A WELLNESS **PROGRAM** Think realistically about what you and the organization expect from a Wellness Program in your work organization · List the primary reasons so that you can plan what specific components you will need to include for a successful program. Transfer of information effectiveness Changing lifestyles and health behavior takes more than seminars or weekly exercise classes. Long term-term health behaviors smoking, exercise, dietary, weight maintenance, stress responses and safety practices are very difficult to change and even more difficult to maintain over a long period of time.



Appendix 184 Incentives & Evaluation

INCENTIVES



- When designing the program think about incentives to maintain interest.
- Employ features and incentives that are consistent with the organization's core mission, goals, operations, and administrative structures.
- Try to conduct special physical activities or nutrition promotions; in that way it can be motivating for employees to have incentive items attached to small successes.
- For example, if an employee reaches their physical activity goal, they could receive a small item like a pedometer, microwave vegetable steamer or good athletic socks as a reward.

15

EVALUATION

How do you know if what you did improved the environment?

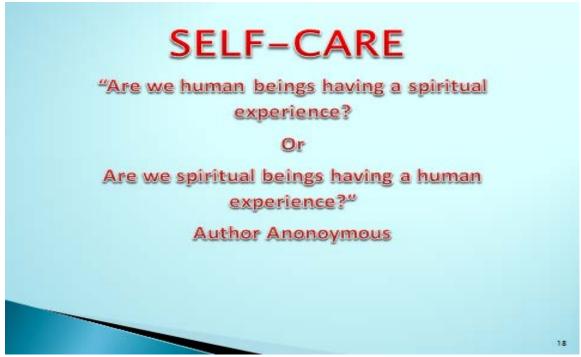
- You can use the initial survey that was originally created to see if practices and opinions changed
- Additional questions can be asked about improvement in the program.
- How important the program was t specific behavioral changes.
- See if the bottom line was affected, attendance, sick leave usage, and employee turnover can be reviewed before, during and after interventions.



16

Appendix 185 Success towards Striving for the Target & Self-Care





Appendix 186 Training Cost For Demonstration Project

ГГЕМ	QUANTITY	PRICE
Location of workshop: Rochdale Village Bldg. 20	Approximately to hold 50 people for two, one and 1/2 day sessions	\$ 100.00
Community Room: June 18, 2013 all day &		
June 21, 21013 1/2 day.		
Bio Dots Cards from Amazon	1 package of 100	\$ 48.50
Dio Dots Cards Holli Alliazoli	1 package of 100	9 70.20
The Stress Management Stress Journal	40 pieces @ \$4.00 each plus shipping \$10.00	\$ 170.00
Workshop Videotaping	For one 1 AND 1/2 days, and I am providing transportation.	\$ 50.00
Food, Beverage & Paper Good	Continental Breakfast two days and lunch 1st day for 45 people	\$ 350.00
Accessories from Staples		
	Staples 1 Subject Notebook, 7-3/4" x 5", 3/Pack Purchased 12	\$ 36.00
	Pens 50 in case	\$ 3.00
	Staples® 2-Pocket Folder, Dark Blue, Red, & Yellow 10 in each package.	\$ 3.00
	\$4.29 ea. @ 4.29 brought12 packages.	\$ 51.48
	\$1.25 ca. \$\times 1.25 blodght12 packages.	ψ 51.10
99 Cent Store Rochdale Mall	Calculators @ 1.29 purchased 35	\$ 45.15
	,	
Ink Cartridges	Ink for printing ink for printing out materials for training.	\$ 200.00
-		
Staples Paper Matte	Staples Matte white brochure & flyer Paper 2 @ 31.99	\$ 63.98
Staples	Easel Pad	\$ 25.00
Office Max	GILG IN TIGUES A GILA O SAAR	A 15.05
	Gold Seal Foil Certificate Seals 3 @ 5.29 Ea.	\$ 15.87
	Dram Multi Draiget Daner 2 males	\$ 28.58
	Prem. Multi Project Paper 2 packs	\$ 20.50
	Invisible Address Labels for Folders	\$ 13.29
	THE STATE OF THE S	7 10.27
Rochdale Village Outlet 6/5/131	Le Bags to carry folders for each participant 35 x 1.19	\$ 41.65
<u> </u>		
Amazon	1 Home Designer Interiors 2014: 3 Dimensional Software	\$ 86.60
Oriental Trading	Faith Stones 10.50 x 3	\$ 31.50
Staples 6/8/13	Poster for Flyer	\$ 41.99
Stantag 6/9/12	Plack Contriders	¢ 22.00
Staples 6/8/13	Black Cartridges	\$ 33.99
Staples 6/19/13	Certificate Holders Red 4@8.99 plus tax	\$ 39.15
Supres 0/17/13	Солинение полима кои тероля рина нах	φ 37.13
Staples 6/19/13	Certificate Holders Blue 2@8.99 plus tax	\$ 19.53
		7 2200
	Grand Total	\$1,495.26

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Holmes and Richard H. Rahe, Journal of Psychosomatic Research, Volume 11,
Issue 2, August 1967, Pages 213-218, Copyright © 1967 Published by Elsevier
Science Inc. All rights reserved. Permission to reproduce granted the publisher.
To score your stress levels, simply check the box in the right hand column next to
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*Additional educational experience that is relevant in this project:

I am in the process of being certified as a Credential Alcohol Substance Abuse Counselor (CASAC) through New York State Office of Alcoholism and Substance Abuse Services.